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HANSARD

Wednesday, April 2, 2025 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

YUKON LEGISLATIVE ASSEMBLY

2025 Spring Sitting

SPEAKER — Hon. Jeremy Harper, MLA, Mayo-Tatchun
DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Annie Blake, MLA, Vuntut Gwitchin
DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Lane Tredger, MLA, Whitehorse Centre

CABINET MINISTERS

NAME	CONSTITUENCY	PORTFOLIO
Hon. Ranj Pillai	Porter Creek South	Premier Minister of the Executive Council Office; Economic Development; Minister responsible for the Yukon Housing Corporation
Hon. Jeanie McLean	Mountainview	Deputy Premier Minister of Education; Minister responsible for the Women and Gender Equity Directorate
Hon. Nils Clarke	Riverdale North	Minister of Environment; Highways and Public Works
Hon. Tracy-Anne McPhee	Riverdale South	Minister of Health and Social Services; Justice
Hon. Richard Mostyn	Whitehorse West	Minister of Community Services; Minister responsible for the Workers' Safety and Compensation Board
Hon. John Streicker	Mount Lorne-Southern Lakes	Government House Leader Minister of Energy, Mines and Resources; Tourism and Culture; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation; French Language Services Directorate
Hon. Sandy Silver	Klondike	Minister of Finance; Public Service Commission; Minister responsible for the Yukon Liquor Corporation and the Yukon Lottery Commission

OFFICIAL OPPOSITION

Yukon Party

Currie Dixon	Leader of the Official Opposition Copperbelt North	Scott Kent	Official Opposition House Leader Copperbelt South
Brad Cathers	Lake Laberge	Patti McLeod	Watson Lake
Yvonne Clarke	Porter Creek Centre	Geraldine Van Bibber	Porter Creek North
Wade Istchenko	Kluane	Stacey Hassard	Pelly-Nisutlin

THIRD PARTY

New Democratic Party

Kate White	Leader of the Third Party Takhini-Kopper King
Lane Tredger	Third Party House Leader Whitehorse Centre
Annie Blake	Vuntut Gwitchin

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Yukon Legislative Assembly
Whitehorse, Yukon
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Speaker: I will now call the House to order.
 At this time, we will proceed with prayers.

Prayers

Withdrawal of motions

Speaker: The Chair wishes to inform the House that the motion that the Premier gave notice of yesterday, Motion No. 1244, was not placed on the Notice Paper, as the action requested by the motion has been completed in whole or in part.

DAILY ROUTINE

Speaker: We will proceed at this time with the Order Paper.

INTRODUCTION OF VISITORS

Speaker: Under Introduction of Visitors, the Chair would like to introduce a visitor.

Visitor introduced

Speaker: Are there any further visitors to be introduced?
Visitors introduced

Speaker: Tributes.

TRIBUTES

In recognition of World Autism Awareness Day

Hon. Ms. McPhee: Mr. Speaker, I rise on behalf of the Yukon Liberal government to pay tribute to the 18th annual World Autism Awareness Day. Autism Canada and other organizations refer to this day as “Autism Acceptance Day”. “Acceptance” means that autistic voices are heard. Autism is a lifelong neurodevelopmental condition that impacts each person differently. Autistic individuals often communicate and interact with others in a different way. They may be hypersensitive or hyposensitive to sensory stimuli, demonstrate repetitive behaviours or have distress with some routine changes, and/or have learning challenges.

Autistic individuals may also have co-occurring conditions that impact their physical or mental health. Recognizing the signs of autism can lead to optimal outcomes and ensure that recommended treatment begins early. Each person with an autism spectrum disorder diagnosis is unique and will have different abilities. They are truly special.

Our government understands the importance of providing targeted support to people with autism and to their families to empower autistic people to thrive and to follow their dreams. This requires a community approach with efforts coordinated by the departments of Health and Social Services and Education in partnership with our strong NGO community members, including the Child Development Centre, Autism Yukon, LDAY Centre for Learning, and Teegatha’Oh Zheh.

In Whitehorse, there are two autism diagnostic clinics, one for preschool-aged children at the Child Development Centre and the other for school-aged children through disabilities services at Health and Social Services.

Since 2007, Autism Yukon has been working to support and improve the lives of autistic people. Autism Yukon is a non-profit organization dedicated to building a more inclusive and understanding community for autistic and other neurodiverse individuals. Through advocacy, support, education, and collaboration, they work to create meaningful change. They provide supports and resources for individuals with lived experience and their families, including access to a sensory room and a variety of programs.

Autism Yukon encouraged Yukoners to dig out their Christmas lights and turn them on and take a photo to participate in Autism Yukon’s “Light it up for autism awareness and acceptance” campaign from April 2 to 6.

Today also marks the start of Autism Yukon’s fourth annual online auction featuring over 275 items donated by local artists, businesses, and organizations. Details about these events and what’s happening for this celebration is on their Facebook page.

I would truly like to thank the members of Autism Yukon and other professionals and those who are listening and were able to come here today, particularly volunteers and caregivers in the Yukon who dedicate themselves to enhancing the quality of life for autistic people and for their families. By working together, we are creating meaningful, long-term improvements to the health and well-being of autistic people, their families, and caregivers, as well as a supportive and accepting community.

Applause

Ms. McLeod: Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to recognize April as Autism Awareness Month and today as World Autism Day.

We celebrate those on the autism spectrum and raise awareness in order to help to educate communities about autism spectrum disorder, or ASD. We celebrate the strengths and the achievements of people living with ASD and also their perseverance. ASD can be diagnosed at any time in a person’s life but is often diagnosed at a young age with noticeable absences of usual childhood developmental markers such as speech, eye contact, and social interaction. Noticeable patterns of behaviour may be present as well as potential sensory issues and unusual interests in stimuli. If there is no intervention, these issues can have major negative impacts on an individual’s behaviour, learning, and social network.

ASD can also present some very unique strengths and perspectives. Many individuals are graced with excellent memory and passion for certain interests, which, when paired with a keen eye for detail, can lead to exceptional talent and expertise. There are so many incredible qualities of individuals that span the spectrum. They include empathy, compassion, reliability, honesty, straightforwardness, and creativity. Early behaviour-based interventions can vary in effectiveness and

must be carefully individualized based on the needs and learning styles of the individual.

We are very fortunate here in the Yukon to have the services and supports available to young children under five and their families through the Child Development Centre, which have been crucial to early intervention. Supports for individuals and families can also be accessed through Autism Yukon and other important Yukon NGOs that support education, learning, mental health, and inclusion.

Thank you to all of these organizations for the work that they do for our communities. I would also like to acknowledge all parents, caregivers, and health care professionals for the work that they do to help people with ASD live full and happy lives.

Applause

Ms. Blake: Mr. Speaker, I rise on behalf of the Yukon NDP to pay tribute to World Autism Day — “Celebrate the Spectrum” — a time to celebrate the vibrant diversity of minds, experiences, and ways of being in the world. It’s a time to honour the voices, strengths, and perspectives of autistic individuals, embracing them with love, respect, and support.

On this day, the focus is on sharing positive, respectful, and accurate information about autism and people on the autism spectrum. World Autism Day promotes acceptance and celebration of people with autism as family members, friends, classmates, co-workers, and community members making valuable contributions to our world.

Autism is not something to be fixed or changed. It is a beautiful, natural variation of human experience. It brings unique ways of thinking, deep passions, extraordinary talents, and rich perspectives that the world needs. The more we listen, learn, and uplift autistic voices, the more inclusive and compassionate our communities become.

Autism is a natural variation of the human experience, and we can all create a world that values, includes, and celebrates all kinds of minds. World Autism Day is about treating autistic people with respect, listening to what they have to say about themselves, and making sure there is always space for them in the world. It means valuing and celebrating autistic individuals for who they are — not despite their differences but because of them.

It means advocating for accessibility, supporting meaningful inclusion, and ensuring that every autistic person feels seen, heard, and empowered to thrive. We thank our local organizations, including Autism Yukon, Special Olympics Yukon, Inclusion Yukon, and Opportunities Yukon, for putting people at the heart of the decisions, advocacy, and self-determination.

This month and always, let’s commit to creating a world where autism is met with understanding, patience, and unconditional acceptance, because true inclusion happens when we embrace neurodiversity with open hearts and open minds.

Mahsi’ cho.

Applause

In recognition of the Dawson City Music Festival’s Songwriter in Residence program

Hon. Mr. Silver: Mr. Speaker, I rise today to pay tribute to the 20th anniversary of the Dawson City Music Festival’s Songwriter in Residence program. This program is delivered in partnership by: the Dawson City Music Festival, DCMF; the Klondike Institute of Art and Culture, KIAC; the North Klondike Highway Music Society; and Parks Canada. Residency programs like this provide artists with the dedicated time and space to focus entirely on their creative works.

Since 2006, every January, this program brings a songwriter or a songwriter duo to Dawson City for an entire month, where they focus on their artistic practice. As part of the residence, they perform concerts and they facilitate workshops, events, and other community programs. Some activities have included hosting songwriting circles, working with music students at Robert Service School, and facilitating a series of choir workshops.

While in Dawson City, they live at the historic Macaulay House, which was constructed in 1901 and is managed by Parks Canada. The house itself has two studio spaces. Visiting artists have access to Dawson City Music Festival’s professional recording studio and their audio equipment.

The program receives over 100 applicants every year from Canada and abroad, and it really does speak to its appeal. It offers not only a dedicated time and space to create but an experience of a northern winter and the community spirit of the people of Dawson. This is truly an inspiring opportunity. Many past songwriters in residence have gone on to receive national and international recognition and success.

To mark this 20th year milestone, KIAC and DCMF put on a concert series in January, February, and March at Dënäkär Zho/ KIAC Ballroom that brought back three former songwriters in residence participating with the 2025 resident. The January Dawson concert brought Leela Gilday from Yellowknife, Northwest Territories, who was the very first songwriter in residence to perform with this year’s songwriter in residence, Desirée Dawson, from Vancouver, BC.

What a brilliant opportunity. Well done, Dawson City Music Festival.

I want to thank all of the songwriters and residents who have stayed at the Macaulay House and shared their talents and their passions. I want to thank Dawson City Music Festival, KIAC, the North Klondike Highway Music Society, and Parks Canada for making the success of the residency over the past years.

I do want to thank the Minister of Tourism and Culture for allowing me to do this tribute. I was the president of the Dawson City Music Festival in 2005 when we conceptualized the program. I was a board member for the first year. We physically helped Leela move into the Macaulay House that year. Looking back, I have to say that she was the best artist to launch this program. Leela is a true ambassador of the north — an amazingly talented artist and an all-round awesome person.

I look forward to the ongoing success of the program and the music that it makes.

Applause

Ms. Van Bibber: Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to tribute the Dawson City Music Festival on the 20th anniversary of their Songwriter in Residence program. Dawson City always amazes with unique ideas and bringing these ideas to fruition. A songwriter in residence was launched in 2006. The time to host this songwriter? The whole month of January. What better than a month in the dead of winter — short, dark days and the possibility of 50 below to get your creative thoughts moving? Hunker down in a Parks Canada 1901 historic house, the Macaulay House.

The songwriter/composer/performer is encouraged to do multiple things to earn their residency. They must work on their craft, have one live performance, and facilitate an outreach activity for the community. They must collaborate, engage locals, learn about the people in the north, and allow access to a variety of contemporary music and performance.

The old home has two studios and living quarters, and the writer has access to Dawson City Music Festival studios, office space, and audio equipment.

The 2025 resident was Desirée Dawson from Vancouver, BC, an award-winning songwriter and recording artist. Her performance was held on January 9 along with the first 2006 resident, Leela Gilday, from Northwest Territories and a well-known Canadian artist.

I chuckled when I read the program information — quote: “Dawson City is made up of dirt roads and elevated wooden boardwalks, often uneven, exacerbated by snowbanks and ice in the wintertime. In January, there is limited daylight so artists can expect to be in the dark when outside, except for a couple of afternoon hours.” Full disclosure.

On February 15, Khari Wendell McClelland, the 10th resident, came back to host a celebratory concert at the KICAC Hall — well done.

Congratulations and thank you to all the organizers, volunteers, funders, and local supporters of this program. We wish you continued success.

Applause

Ms. White: Mr. Speaker, I rise on behalf of the Yukon NDP to add our voices in celebration of the 20th anniversary of Dawson City Music Festival’s Songwriter in Residence program.

The talent attracted and cultivated by this program is truly remarkable. All artists have discovered the catch-22 of success. The more successful they are, the more they are in demand and the more difficult it is to find distraction-free time for writing the songs that made them successful. Enter the Songwriter in Residence program. The location in Dawson provides the perfect balance of an inspiring and creative environment that is still removed from the artist’s usual daily demands. The program is a treat for songwriters and also a gift to all of us through the incredible music that is created.

Thank you to Dawson City Music Festival, Klondike Institute of Art and Culture, North Klondike Highway Music

Society, and Parks Canada. Here’s to 20 more years of making and supporting music.

Applause

TABLING RETURNS AND DOCUMENTS

Speaker: Under Tabling Returns and Documents, the Chair has for tabling the annual report of the Yukon Ombudsman, the Yukon Information and Privacy Commissioner, and the Yukon Public Interest Disclosure Commissioner.

Are there any further returns or documents for tabling?

Are there any reports of committees?

Petitions.

PETITIONS

Petition No. 29 — received

Clerk: Mr. Speaker and honourable members of the Assembly: I have had the honour to review a petition, being Petition No. 29 of the First Session of the 35th Legislative Assembly, as presented by the Member for Watson Lake on April 1, 2025. The petition presented by the Member for Watson Lake meets the requirements as to form of the Standing Orders of the Yukon Legislative Assembly.

Speaker: Accordingly, I declare Petition No. 29 is deemed to be read and received. Pursuant to Standing Order 67, the Executive Council shall provide a response to a petition which has been read and received within eight sitting days of its presentation. Therefore, the Executive Council response to Petition No. 29 shall be provided on or before April 16, 2025.

Are there any petitions to be presented?

Are there any bills to be introduced?

INTRODUCTION OF BILLS

Bill No. 46: *Residential Tenancies Act* — Reprinted version tabled

Hon. Mr. Mostyn: Mr. Speaker, pursuant to the April 1, 2025, Order of Committee of the Whole, I have tabled a reprinted version of Bill No. 46, *Residential Tenancies Act*. The reprinted version incorporates the amendment agreed to in Committee of the Whole.

Bill No. 310: *Act Respecting the Yukon Medical Association* — French text

Ms. White: Mr. Speaker, I have for tabling Bill No. 310, *Act Respecting the Yukon Medical Association*, with what I believe to be a true translation into French of the English text of the bill.

Speaker: Are there any further bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Hon. Mr. Pillai: Mr. Speaker, I rise to give notice of the following motion:

THAT this House congratulates Gavin McKenna on being named the Western Hockey League Player of the Month for the third time this season, in addition to three weekly award wins.

Hon. Mr. Mostyn: Mr. Speaker, I rise to give notice of the following motion:

THAT this House congratulates the three Whitehorse Mustangs teams on their provincial medal wins. The U13 North Star Mini-Storage Mustangs silver medal, the U15 Pacific Northwest Mustangs bronze medal, and the U18 MacDonald and Company Mustangs silver medal.

I also give notice of the following motion:

THAT this House recognizes the achievements of the Yukon Female Hockey Club's Yukon Wild team this year:

- (1) supporting the growth and development of female hockey in the Yukon;
- (2) sending three teams to the Richmond Ice Classic tournament;
- (3) winning gold at the U15 level at the Richmond Ice Classic tournament;
- (4) supporting two U18 girls to join the Northeast Predators team during the BC female provincials; and
- (5) being the first female team out of the Yukon to win a gold medal at a rep-level tournament at the U13 level at the North Shore Winter Club Female Faceoff.

Ms. White: Mr. Speaker, I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to work with the community of Teslin to make necessary repairs on the leaking roof of the Khàtinās.àxh Community School.

Ms. Blake: Mr. Speaker, I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to work with the community of Old Crow to provide further emergency response education to the citizens of Old Crow.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to work with the community of Old Crow to ensure that there is an adequate vehicle for responding to medical emergencies in Old Crow.

Speaker: Is there a statement by a minister?

MINISTERIAL STATEMENT

American trade tariffs

Hon. Mr. Pillai: Mr. Speaker, as Donald Trump stands in the Rose Garden announcing new tariffs on global partners and allies, I want to update this House on what our government has done so far to respond to the US administration's illegal and un-American imposition of tariffs on Canada.

After speaking to fellow premiers and the Prime Minister last week, I will be prepared to announce the next phase of our response to Yukoners tomorrow.

When the US announced their decision to impose tariffs on Canadian goods, Yukoners and Canadians responded with an incredible wave of patriotism. The federal government,

supported by premiers, imposed a 25-percent tariff on \$155 billion worth of American goods, starting immediately with \$30 million worth of products.

Canada launched legal challenges through the World Trade Organization and the USMCA, and the Yukon fully supported these actions. But this wasn't just about trade; it was about standing up for our businesses, workers, and way of life.

Here in the Yukon, we took clear and decisive steps to do just that. We implemented non-tariff measures to reinforce the consequences for this kind of economic aggression. Our government stood with Canada and we took action.

We pulled US-made alcohol from Government of Yukon liquor stores and stopped placing orders. This was carried out within days of the announcement. Thank you to the staff of government liquor stores for their quick work.

We updated government procurement policies to prioritize local and non-US businesses for new contracts. We launched an online marketplace to make it easier for Yukon government staff to order supplies from local vendors. We also added four local food producers to the online marketplace — the Yukon Meat Company, Hinterland Flour, Little Red Hen Eggs, and Cold Snap Chippery — with more to come.

We're working with local businesses to create a \$1-million business assistance program to help Yukon businesses adapt to these new economic conditions. This funding is flexible, shaped by the needs of Yukon businesses, and will complement federal programs.

We have also expanded the buy-Yukon campaigns in partnership with Yukon chambers of commerce, helping to promote locally made goods and services, and I would encourage all members to prioritize highlighting these initiatives over their own partisan graphics.

We are also working to strengthen trade ties with other provinces, territories, and key international markets to reduce dependence on US trade.

To all Yukoners who have reached out with ideas and continue to do so, thank you.

Beyond a response to the tariffs, we are also continuing to lobby the US government directly. I have testified twice in front of the Alaska Legislature in support of House Joint Resolution 11, which honours and recognizes the strong and historic relationship between Canada and Alaska.

Despite the actions of the US federal government, we know that our connections with Alaska remain strong. We share trade, tourism, and family ties that span generations, and it was critical to stand up and ensure that these relationships continue to be recognized and valued.

In all the conversations I've had with friends and counterparts in Alaska, there has been a general understanding that we are standing up for our country and our economy as they would theirs. To Yukoners, you are staying the course, you're supporting local, you're standing with Canada, and because of that, we are in a stronger position today to respond to what comes next.

Mr. Dixon: Mr. Speaker, I am pleased to rise in response to this ministerial statement. As the Premier has noted,

whatever is announced today in Washington will just be the latest in a string of economic attacks by the American administration on our country and on our economy. I will begin by stating what should be obvious to everyone: Canada is not for sale, and Canada will never be the 51st state.

We support a united approach across Canada, with the federal government, provinces, and territories all pushing back together and imposing a strong tariff response on behalf of all Canadians. The non-tariff measures that the Premier outlined today are the same ones that he has discussed previously, and we are generally supportive. I do have some specific questions, though.

The Premier has noted his \$1-million business assistance program that was created in the budget that is before the Legislature now. Can he tell us how a business can apply to that fund, and what parameters will be used to guide how that funding is disbursed?

As well, the Premier has noted the Buy Local campaigns that have been launched by chambers of commerce. I want to especially highlight the Whitehorse Chamber of Commerce for their *You Can in the Yukon!* series of videos that promote local businesses and opportunities to buy local.

The Premier mentioned that his government has supported these campaigns, so I would appreciate it if he can tell us how much funding has been provided to date to the Whitehorse chamber for their campaign.

Now more than ever, it is important for Yukoners to support local businesses and local jobs. Over the past few weeks, we have tried to offer suggestions to the government to improve these efforts. We have called on the government to improve access to timber so that Yukoners can buy more local wood products. We have called on the government to use their purchasing power to buy more local food so that local farmers and food producers can have the stability and certainty to keep growing and giving Yukoners even more options to buy local food.

Another part of supporting local food production is ensuring that meat producers have reliable access to abattoir services. We have urged the government to increase its advertising in local media outlets, and we have asked the Premier to explain in detail what internal barriers to trade we can expect to see removed and how it will impact Yukoners.

The three that we asked about last week were: the ongoing barrier to egg farmers selling their products outside of the Yukon, the barriers to trade in alcohol, and regulatory limits on labour mobility. We agree with this work but would like the Premier to bring forward an action plan with specific actions and timelines on how and when his government will reduce these barriers. We also suggest establishing an all-party committee to review these as well.

We also supported the announcement by the Minister of Energy, Mines and Resources on March 4 that we will be working with other provinces to — quote: “... take decisive action to ensure Canadian companies remain competitive and succeed in the global market, including the acceleration of resource development through a more efficient and timely permitting and regulatory process.” However, we would like to

understand more about what this means here in the Yukon and ask the Premier to provide some clarity.

I want to close, Mr. Speaker, by thanking sincerely our friends in Alaska, whether it is in the state legislature or the municipal governments in communities like Haines. It is heartening to see our friends in the US speaking up in support of Canadian sovereignty and the ongoing friendship between our countries despite the actions of their federal government.

Ms. White: Mr. Speaker, these are very challenging times not just in Canada but around the world, and many of us are watching the actions taken south of the border with horror and disbelief. When I talk to my friends or my family or my neighbours, I hear fear, concern, and disbelief. We find ourselves in a time of uncertainty and it is sometimes hard to believe that it is real and that we haven't just slipped into an episode of a dystopian TV show, but it is real and we have to face it head on, elbows up.

So, as an antidote to fear and desperation, I want to share what has given me hope and courage: watching Greenland respond to requests for home visits from the US officials with polite noes while at the same time protesting with hundreds of people outside of the US consulate in Nuuk; maple leaf cut-outs on people's windows or Canadian flags on houses, cars, and more; Buy Local campaigns and people celebrating what they can get locally; and last week's gathering at Rotary Park where many Yukoners came together to say: We will never give up.

The Yukon NDP supports the ongoing measures of resistance, and we express our solidarity in standing up to Trump, united with the rest of Canada and, really, the world. Trump has been clear that the purpose of an economic war is to bring Canada to its knees, to put Canada in such a position of desperation that giving up is our only option. This threat of annexation is unacceptable for Canada, for Greenland, and for Panama.

There are many levers for fighting back and we stand united in those efforts. I appreciate the timing of today's ministerial statement, but I'm curious if we'll be asked to accept another one tomorrow, as the Premier said that he will be prepared to announce the next phase of our response to Yukoners tomorrow. In that case, would it not make sense to have provided this statement tomorrow when the Premier is ready to provide new information to Yukoners?

Ultimately, the most important tool that we have is to take care of each other. If we want to prevent our country from reaching a place of desperation, we need to make sure that everyone is supported. We need to ensure that everyone has access to affordable food, housing, and basic needs and that they can trust that they will be okay regardless of the economic fates of the day. By truly standing together, Canada is at our best, our most resilient, and our strongest.

Hon. Mr. Pillai: Mr. Speaker, I want to thank the opposition members for giving us an opportunity to share this statement today. It has been a while since we've had one accepted. We think this is important; I think there were a lot of really good points made from across the aisle today, and those

are things that we can take into consideration, learn from, and add to the overall strategy. That level of collaboration is what is going to be required at this time.

We are in a moment in time, and I think it is going to be incredibly important for all members of the House to work as closely as we can. Of course, there will always be, maybe, some difference in opinion on policy or there will be critiques or different ideas added, but I think it's paramount that this happens here in the House.

As part of our government's response to the tariffs imposed by the US administration, our government has made clear commitments to prioritizing buying local, and we have always done that. We did that through the pandemic — went out and made sure that we could do all the things we could to support local businesses. I do appreciate today the comments from the Official Opposition and highlighting the Buy Local campaigns, which is incredibly important.

Last week, we were critiqued a little bit about where we spend our advertising dollars, and all I was saying today is that we know we spend more on local advertising, which is a bit of a shock.

The Member for Pelly-Nisutlin had critiqued us and we just looked back and said — the Whitehorse chamber has done a lot of good work — Yukon chamber — share that. Don't just go to Meta and spend all your stuff on Facebook. There's branding there that's available. If you see that, we can all get behind it, because the Whitehorse chamber has done good work. We have supported both that — and the concept around the content and the videos came out of our offices to say: Why don't you go out and do some of this work? They have done really good work on that topic.

The other thing I wanted to mention to everybody who is here with us in the House and to those in the public service is that it is a moment in time, but there are no easy solutions in front of us. Whether it is inside the public service, whether it is inside the Legislative Assembly, we are going to have to find common ground right now.

As these announcements roll out today, this is a significant attack on our country's economy. The reasons behind it, how deep they are — is it just about paying off debt for the US government? Is it about raising new revenues? Maybe. Maybe it is much more.

With that being said, I do believe that Yukoners are going to have to come together to find common ground. On many things around our economy, we find stark differences in opinion. We see it in the House, but inevitably, we are going to have to work harder than we have ever worked to ensure that we find new markets and that we use the resources we have in this territory to ensure that our economy can grow and that government, in any way, can make it easier for the private sector to flourish.

One other thing that I would just touch on today — we have had a lot of talk about trade barriers. Of course, we are totally committed at the table to make sure that as many if not all barriers are eliminated. But also, our First Nation procurement policy has been one of the main points of bringing dollars back to the Yukon. I urge the Official Opposition as well to change

their course and support that policy — not commit to say that they would eliminate that policy. But let's make sure that we can improve it and let's make sure that we can keep dollars in the Yukon and support Yukon businesses.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Physician recruitment and retention

Mr. Cathers: In the last year and a half, a growing list of doctors has sounded the alarm about the health care crisis in the Yukon.

In February, yet another group of doctors wrote to the minister to ring yet another alarm bell about the health care crisis. This time, it was the hospital's Medical Staff Association who wrote to the minister with the subject: "Critical situation in acute care".

In the letter, they point out that acute care in the Yukon is in a state of crisis and that the crisis is rooted in a lack of physicians in the Yukon. Put simply, Whitehorse does not have enough local doctors to provide ER and inpatient care.

Will the minister of health agree to do more to attract doctors to the Yukon?

Hon. Mr. Pillai: Mr. Speaker, I just want to share with the House — of course, we received those letters. The minister has been kind enough to let me attend some meetings with the Yukon Medical Association but also with our general surgeons this week, and some of what we heard was that the need for more family medicine practitioners was key. So, I want to share with the House that just today we were on a call with the recruiter. We have identified the fact that — and I think that I spoke to this as well in previous days in the House — we are probably needing somewhere in the range of 20 to 25 GPs — family medicine experts — who can free up our hospitalists and who can be doing great work here.

With officials today from Health and Social Services, we were told: What is the pace and tempo that you want to see those doctors come in? My sense was that it would be over a one-, two-, or three-year period. Of course, what we are hearing today is that we can have them come in right away. So, it's how quickly we can onboard them, which is looking at our current clinics and the capacity in our private clinics to fill those spots — but again, to speed that up. So, are we looking at being able to bring those doctors onboard?

The conversations that we had today with officials — we left them with officials — is that this is very doable. So, those are some of the things that are being done right now.

Mr. Cathers: I remind the Premier that it's this government's ninth year in office and the calls for action have been coming for years.

We don't think that the government is doing enough on doctor recruitment, and according to their letter, neither do the hospital medical staff. Here is a quote from the doctor's letter: "When it comes to physician recruitment, our territory is falling behind neighbouring regions. For example, BC increased its workforce of Family Physicians in longitudinal practice by

16.5% between December 2022 and December 2023...” It’s clear that the Yukon needs to be doing more.

The medical staff made several specific short-term suggestions, including stipends, reasonable workload limits, as well as changes to the hospitalist contract. Can the minister of health or the Premier tell us if they have acted on any of the suggestions made in this letter, and what action does the government plan to take?

Hon. Ms. McPhee: Mr. Speaker, thank you for the question. Of course, our government acknowledges the significant challenges faced by physicians and facing the Whitehorse General Hospital and the strain on the health care system, particularly those providing acute and emergency care. We recognize the urgency of the situation and are committed to working collaboratively with our health care providers to find solutions and ensure a sustainable and effective health care system.

Leaders from the Yukon Medical Association, the Hospital Corporation, and the Department of Health and Social Services have been meeting regularly to discuss the current pressures and have come up with many solutions — listening to the front-line professionals. We will continue to meet regularly and explore the potential options and implement those as we are able.

We are actively listening to physicians’ concerns, including the impact of staffing shortages on hospital-based care, and we will provide updates following our scheduled meetings to ensure transparency and ongoing collaboration.

This is a benefit of having a strong relationship with the tripartite group of organizations: Health and Social Services, the Yukon Medical Association, and the Yukon Hospital Corporation. That relationship frankly did not exist before this government came to office.

Mr. Cathers: Well, I have to remind the minister that the physicians see things differently.

Another central point made by the hospital’s medical staff is the lack of doctors in the emergency department at the Whitehorse hospital. According to their letter, the emergency department requires 16 physicians at minimum yet only had 12 to fill five shifts each day. I quote: “These physicians are already working extra shifts to keep the ED open, and do not have the additional capacity to manage inpatients as part of a mandatory program.”

They go on to point out that the current hospitalist program was developed without formal input from hospitalist physicians and has been unsuccessful at recruiting new hospitalists to Whitehorse.

Will the minister agree to work with the physician community to make changes so that the Yukon can actually start attracting doctors to work at our hospitals as well as new doctors to practise family medicine?

Hon. Ms. McPhee: Mr. Speaker, unfortunately again, the member opposite does not have all of the correct information. In fact, the hospitalist program was developed with the assistance of physicians — front-line physicians — and the individuals who used to work as doctor of the day. The morphing of that process into the hospitalist program has been

quite successful. We have listened to physicians at every turn, including making adjustments to that program — some that came into effect just yesterday on April 1.

We continue to work with our partners. The Yukon Medical Association, the Yukon Hospital Corporation, and the Department of Health and Social Services are meeting to discuss, constantly, changes that can be made, including a meeting yesterday, as I understand. I expect to have an update on that soon.

There is absolutely no accuracy in the statement that we are somehow ignoring the process, that we are somehow ignoring the concerns of front-line physicians. We meet with them on a regular basis.

As a matter of fact, in the last three weeks, the Premier and I have met with representatives of those physicians, different groups, on at least three occasions, and that doesn’t include the meetings in which I was present and he was not.

We also have a line from Yukon doctors on four new individuals who might be interested in the hospitalist program. So, it is in transition —

Speaker: Order, please.

Question re: Physician recruitment and retention

Ms. McLeod: Mr. Speaker, in late March 2023, the minister of health told the Legislative Assembly that 3,783 people were waiting to be matched with a primary care provider in the Yukon. Earlier this week, the minister provided an update. That number has increased to about 4,000. It’s clear that, in the past two years, things have gotten worse and there are more Yukoners who do not have access to family doctors or other primary care providers.

Will the minister recognize that things are going in the wrong direction and that our current efforts just aren’t good enough?

Hon. Mr. Pillai: Mr. Speaker, I want to commend the minister on the efforts that have been happening around supporting the work around building relationships with the YMA. We’ll be having a bigger conversation today around a bill that will be on the floor. That wouldn’t have happened if it wasn’t for hours and hours of work by the minister to make sure —

Some Hon. Member: (Inaudible)

Hon. Mr. Pillai: Yes, about 30 hours, actually.

With that being said, I think the fact that we are in a position to recruit now and see the numbers, looking at the 4,000 people on the list, understanding what a standard caseload is for somebody in family medicine, understanding the supports that are required — I think we’re on a great track. We’re in a position in the Yukon, with the efforts of the public service and our doctors, to take on a problem that likely no other territory or province can do with the same speed that we have an ability to do it.

So, actually, I think it’s going in the right direction. I’m excited to see the number of doctors who actually want to come to the Yukon. You can see it in the excitement of the pediatrician whom I talked to on Sunday — just talking about

the lifestyle and the beauty of the Yukon and wanting to be in a small area that has the many things it does.

Yes, actually, looking at other provinces, I think we're in a very favourable position to be able to execute this plan and make sure we have doctors for all Yukoners.

Ms. McLeod: Mr. Speaker, in the letter that my colleague just referenced from the medical staff at the hospital, concerns were raised about the negative impact of mandatory shifts on physician recruitment and retention. They point out the consequences of pulling physicians away from their regular duties, including primary care.

Here's a quote: "Certainly, it is a barrier to recruitment of new physicians, since a prospective ER physician, hospitalist, or clinic-based family physician is unlikely to choose Whitehorse if they expect that they will be mandated to provide additional inpatient care due to lack of hospitalists."

Mr. Speaker, doctors are telling us that they are overwhelmed and being pushed beyond their limits. This isn't good for doctors or patients, and it certainly isn't good for recruitment.

Will the minister acknowledge that we need to see a change?

Hon. Ms. McPhee: Mr. Speaker, I appreciate being quoted in the first question, although I appreciate also being fully quoted, because what I spoke about that day was that we are very mindful of the number of individuals who are on the "can't find a primary care provider" program list but that we know that the implementation of the Centre de Santé Constellation Health Centre as well as the Whitehorse Walk-in Clinic and attaching individuals through care providers there as well as the midwifery clinic are changing that number to the extent that it is difficult to determine it exactly on a day-to-day basis.

That said, we will continue — absolutely — to work with our physicians. In fact, the hospitalist program was implemented in part to relieve the stress on the emergency room doctors and the extra care that they were providing. The program has been developed with other physicians, with the doctors of the day, individuals who provided that service in the past, and shall I say, of course, that part of the reason that physicians come to the Yukon is that they are able to do both primary care and acute care and hospitalist work or clinic work if they choose. And many of them — the vast majority of them, in fact — choose that variety of work.

Ms. McLeod: Mr. Speaker, in the health status report issued by the Yukon's chief medical officer of health last November, he reported that the number of Canadians with access to a regular health care provider has increased, but the Yukon experienced a decrease in access, and things have continued to get worse.

In the last 18 months, four family doctors closed practices and one surgeon left, all citing a lack of support by government. Of 153 doctors who visited the Yukon last year, none decided to move here.

While access to doctors is improving across the country, things are getting worse here. When will this government listen

to doctors and take real action to improve recruitment and retention of physicians?

Hon. Ms. McPhee: Mr. Speaker, as of January 24, 2025, a total of 2,167 individuals have been matched to a primary care provider through our program. In addition to that, many Yukoners have been attached to a primary care provider by their attendance at the Centre de Santé Constellation Health Centre, which as of August 26, 2024, had received 2,837 eligible applications upon its opening back in August 2022. A Whitehorse walk-in clinic opened in December 2023, and it offers care to Yukoners without a primary care provider. It is staffed by an interdisciplinary team, including two permanent nurse practitioners and two physicians. As of July 31, 2024, about 10 months ago, the clinic provided care to over 3,336 patients.

Locums often come to the Yukon. They provide support and care for Yukoners when their physician needs to be away, or when we need assistance with hospital care, locums attend at the emergency room and hospitalist program. They appreciate coming to the Yukon, and we support them coming — reminding everyone that they have practices elsewhere in Canada where they primarily work.

Question re: Emergency medical services in Old Crow

Ms. Blake: Mr. Speaker, there is no EMS vehicle in Old Crow for emergency transportation or response. The Vuntut Gwitchin Government is filling this need with a vehicle that is intended for the home and community care program. It is not designed or equipped to respond to medical emergencies. Currently, community members without adequate training are forced to respond to emergency situations and transport people to the health centre or airport for air ambulance in this vehicle. Community members have experienced serious trauma as a result of this lack of support.

What is this government's plan to supply an emergency medical response vehicle for the community of Old Crow?

Hon. Ms. McPhee: Mr. Speaker, EMS does not have full-time operations in Old Crow. Residents are encouraged to seek medical support from the health centre as needed. The health centre in Old Crow opened late last fall — a beautiful new facility fully staffed by individuals who can provide health care and emergency health care when needed in Old Crow. We have that connected with emergency calling at 911.

EMS responds in Old Crow via air ambulance request, and response time is approximately two hours. As of February 10, 2025, EMS had zero calls requiring a response from the community in the 2025 calendar year, which does not mean that they will not have such a call in the future. They are dedicated to providing service, as they do everywhere in the territory, and are staffed to do so. The health centre in Old Crow is a model building, a model of care, and individuals can attend there at any time for their concerned needs.

Ms. Blake: Mr. Speaker, the minister indicates that there is a minimum two-hour wait time for an air ambulance to arrive in Old Crow and dispatched. In the experience of the community, wait times can be much longer. Old Crow

community members are often the first responders and may not even have basic first aid or more advanced emergency response training.

Additionally, the health centre has a limited scope. Even when people are transported to the health centre, nursing staff must handle complex emergencies with long wait times for additional support. What is this government doing to improve emergency medical response training and scope of care for Old Crow?

Hon. Ms. McPhee: Mr. Speaker, as I have noted, in Old Crow, we have emergency coverage; we have medical staff on-site; we have training provisions that have been increased for our Emergency Medical Services for individuals around the territory. Training and staff coverage are a primary concern of Emergency Medical Services in the territory.

I can also indicate that they continue to recruit for Emergency Medical Services and increase the number of responders in the Yukon and in all communities, as I've said in relation to questions recently on the supplementary budget regarding this topic — and I note that the member opposite introduced a motion to this effect today as well. We have increased pay for community responders and their non-operational pay to attend training, and we have access to additional funding to attend training programs outside of their home area. This includes meals, incidentals, tuition, books, and accommodation. We also provide operational pay ranging up to \$55 an hour, depending on the scope of service.

We encourage individuals and those, of course, in Old Crow to become a community responder.

Ms. Blake: Mr. Speaker, the long wait times and pressure on Yukoners in rural communities to transport injured people in personal or First Nation government vehicles are concerning. A child recently had to be driven from Haines Junction to Whitehorse in the family vehicle for emergency care, as an ambulance was unavailable. This is not an isolated incident. Dawson has also faced emergency responder shortages, and for months of the year, West Dawson and Sunnydale residents can only access EMS during daylight hours.

Research on rural areas with long wait times where EMS is unavailable suggests solutions like increasing community-based training programs, expanding the scope of health centres, and increasing staff housing options. What is this government's plan to improve access to emergency medical services in all rural Yukon communities?

Hon. Ms. McPhee: Mr. Speaker, I certainly spent some time answering this question from both the member opposite and the Member for Lake Laberge yesterday and I'm happy to continue to do so.

We are very proud of the work that Emergency Medical Services provides to Yukoners and the timely and high-quality health care services that they provide across the territory. They work extremely hard. We have worked to raise the honoraria and worked in a positive way to increase new volunteer community responders and increase sign-up from current active responders, and we work in collaboration with community health centres. In Old Crow, the community health centre is

absolutely state of the art. We have full medical staff there as well to assist individuals.

With respect to other places that are difficult to reach, we have collaboration between the RCMP, Emergency Medical Services, and Yukon Search and Rescue in the territory. We have access in all ways possible. We can continue to work on improving services — absolutely — but knowing that some individuals choose to live in hard-to-reach places, we need to make sure that the services that are provided are the best possible for those communities and those areas of communities in the Yukon.

Question re: Government support for local tourism industry

Ms. Van Bibber: Mr. Speaker, many Canadians are now changing their vacation plans this summer. A report from a global travel data provider shows that airline bookings to the US are down by 70 percent from last year and every month through to the end of September. We think that this could be an opportunity for more Canadians to look at trips to the north. By working with tourism partners, the Yukon could attract more Canadians who are looking for different travel options and who want to proudly support Canada.

Will the Government of Yukon work with the local tourism industry to consider specific campaigns to attract Canadian tourists to come to Yukon and see our beautiful territory?

Hon. Mr. Streicker: Mr. Speaker, the thing that I loved there was when the member opposite referred to our beautiful territory. I agree with her; the Yukon is a beautiful place.

I think we're going to be doing three things. First, we are working across Canada to attract visitors here. If they have been changing their choices about where they want to go — in fact, I was just in Toronto recently and we saw a "The Yukon: It's a Little Bit Metal" ad playing on a giant screen in downtown Toronto. Apparently, that ad, without even any sound, had created a whole bunch of Air North bookings, and they were tracking — where is this all coming from? — and they got it back from that ad. So, yes, we will be doing that.

Second of all, we will be talking with other non-US destinations around — if their citizens were planning to go to the US, maybe they'll be planning to come to Canada. Again, I have mentioned this in the House several times, but last year, tourism was up 25 percent over the year before. A lot of that had to do with Air North's interline agreements.

Finally, we're working as well with our tourism operators to make sure that we're still welcoming to US citizens, our neighbours and our friends, to make sure that they are received well here in the Yukon.

So, we will be doing all three. I thank the member opposite for her question.

Ms. Van Bibber: Some Yukoners are concerned about the ongoing strain of Canada-US relations and what it means for visiting the United States. Like other Canadians, many Yukoners are changing their travel plans this summer. For Yukoners who are changing their plans, there is much to do right here in Yukon. Each community has its own unique

offerings and history as well as welcoming locals. The opportunities are endless to travel within our own region.

A passport campaign or hotel meal packages to entice Yukoners to visit and explore and to invite relatives and friends to the Yukon and explore with them — has the tourism minister considered working with industry partners and local community leaders to create a campaign to explore the range of unique communities in Yukon?

Hon. Mr. Streicker: Mr. Speaker, this is exactly what the Premier did previously during the period of COVID and working with the chambers, local businesses, and tourism to enhance the local stay program.

I think that these are all steps that we are doing — that the Department of Tourism and Culture is doing. I don't know that it's the same specifics that the member opposite was referencing, but there is work afoot to do more to attract local broadly, and the Premier talked about that earlier today in his ministerial statement.

Overall, tourism — and so, let me give a shout-out to the industry — tourism has been doing a really great job. Before the pandemic, 2019 was our high. We weren't sure how fast we would recover to that. In 2024, there was 45 percent total spend above 2019. It's an amazing jump. So, the Yukon has been the first to recover, and here in the Yukon, tourism is the biggest on a per capita portion of our GDP. So, it is really big here, and our industry has been doing super well. We just got the announcement on the conventions centre funding, and I think we're going to continue to support our industry in all ways possible.

Question re: Physician recruitment and retention

Mr. Istchenko: Mr. Speaker, earlier this week, the CBC did a story about the flood of US doctors inquiring about coming north to Canada. The article cites the example of one Canadian heart surgeon who was cancelling plans to move to the US to practice. Here's a quote: "That means Canada's health-care system could stand to benefit from the political upheaval unleashed by the U.S. president, as American physicians look to move north and Canadians forgo opportunities south of the border."

So, last month, we passed a motion calling on the Yukon government to act swiftly to take advantage of this situation. What steps has the minister taken since then in light of this unique opportunity to attract new US doctors to the Yukon?

Hon. Ms. McPhee: Mr. Speaker, the Yukon government has done the upfront work to establish an agreement with Nova Scotia that allows US-trained physicians who obtain credentials in Nova Scotia to be recognized for licensure here in the Yukon Territory. I'll remind the members opposite that we do not have the ability here for our medical council to independently license externally trained physicians. Nova Scotia is the only jurisdiction in Canada that fully recognizes US-trained physicians as equivalent to Canadian-trained doctors, and this means that American-trained physicians who obtain licensure in Nova Scotia and want to practise in the Yukon will be recognized. We know this process has been successful in at least one case of a physician doing so.

We will focus marketing efforts both in Canada and expand this to include the United States, as we are seeing in British Columbia. We have been in touch with our officials and counterparts, including the minister in British Columbia, and working together to do this work.

The Yukon Registered Nurses Association has a process in place to license US-trained nurses without requiring a competency assessment, and the timeline for licensure varies by case, but generally, it takes a few weeks, not months. The Government of Yukon is actively supporting internationally educated health professionals.

Question re: Health Professions Act modernization

Ms. Clarke: Mr. Speaker, in January, the Yukon Registered Nurses Association and the Yukon Nurses Alliance issued a press release expressing concerns about the Liberal government's plans to change the regulatory model for health professionals, including nurses.

They are particularly concern about the Minister of Community Services' plans to create a so-called "in-house regulatory model", because it increases the potential for conflict of interest and influence by government employers or professional self-interests that would compromise patient safety and public protection.

Will the minister agree to change course and engage with the YRNA, the YNA, and other health professionals to find a regulatory model based on a co-regulation approach?

Hon. Mr. Mostyn: Mr. Speaker, I am happy to talk this afternoon about all the work we are doing to improve the regulation of health professionals and expand it. We started this process; we are in the very beginnings of consultation. I have heard the concerns of the nurses. I have spoken to the team at Community Services. As I have said before, they are just at the very beginnings of consultation on this process that is going to take years to do all the work that is necessary to bring the *Health Professions Act* up to snuff.

It was ignored for darn near 14 years, and we have inherited this ancient piece of legislation that has prohibited medical professionals from actually doing what they have been trained to do. I have been watching this House for 35 years. I have told this, but I see it today. Now the Leader of the Official Opposition is actually sharing the health file across every one of his ministers, because he has no faith in the deputy leader of the Yukon Party. This is a time-honoured tradition. He has no confidence in the Member for Lake Laberge, so he is now sharing the responsibility across all of his members.

Frankly, Mr. Speaker, we are going to continue to do the good work for the people of the Yukon and make sure that the health professions are regulated. We are going to talk to those people and make sure we get it right.

Ms. Clarke: Of particular concern to the nurses was the consultation that the Minister of Community Services directed earlier this year. They said — quote: "The YRNA and YNA are concerned that the surveys sent out by YG are misleading, do not provide sufficient context to allow for informed responses, and in several instances are factually incorrect."

These groups of nurses even went as far as calling on Yukoners to reject the YG survey by not responding to it. Will the minister agree to launch a new round of consultation and surveys that provide accurate information to Yukoners and are inclusive and evidence-based?

Hon. Mr. Mostyn: Mr. Speaker, we are here halfway through the session — a month ago — and already, it seems like the opposition has run out of questions. Seriously, we are just doing retreads of former issues that are now well out-of-date.

As I have said many times, we are working with the health professionals to make sure that we capture their interests. That is what the consultation — the very initial consultation that we have done. We have heard the concerns, and we are going to continue to talk with these health professions and make sure that this process — which is going to be years in the making — captures the initial tranche of health professions that we are doing, that we understand what concerns they have. That is why we are out talking to them, for goodness' sake.

We are going to continue that good work. We are going to do the work to make sure that our health professions are brought up-to-date so that those health professions are competent and safe to practise, as well as providing clear processes for dealing with complaints and disciplinary issues. That is what we are doing. The department is well-trained in this regard. I have every confidence in the civil service to do that work, and we are going to end up with health professionals who can actually do the work that they are trained to do.

Ms. Clarke: At the core of the concerns raised by nurses about the Liberal government's plans for the *Health Professions Act* is the idea that the Yukon government would be both the regulator and the employer. Here is how they put it — quote: "Regulated professionals have an obligation to question systems and decisions which may compromise patient and cultural safety, which cannot be achieved if YG is both the regulator and the 'owner' of the Yukon health care system."

Will the minister agree to take a different approach than the in-house model that they are currently considering?

Hon. Mr. Mostyn: Mr. Speaker, it's difficult to get off-script. We are engaging with key stakeholders to revise the *Health Professions Act* and enhance the regulation of health care professionals. This is a multi-year initiative that will develop a framework tailored to Yukon's unique needs and ensure the highest standards of practice that we can achieve.

The current work to revise the *Health Professions Act* will integrate international expert advice with the first-hand experience and expectations of our local health care professionals to boost patient safety and accountability, making the Yukon an even more attractive place for health professionals. We will be analyzing all of the information from the very early engagement materials and the best regulatory practices to help inform options over the coming months as we continue this detailed work to make sure that our health professions are properly regulated here in the territory.

Speaker: The time for Question Period has now elapsed. We will now proceed to Orders of the Day.

ORDERS OF THE DAY

OPPOSITION PRIVATE MEMBERS' BUSINESS

BILLS OTHER THAN GOVERNMENT BILLS

Bill No. 310: *Act Respecting the Yukon Medical Association* — Second Reading

Clerk: Second reading, Bill No. 310, standing in the name of Ms. White.

Ms. White: Mr. Speaker, I move that Bill No. 310, entitled *Act Respecting the Yukon Medical Association*, be now read a second time.

Speaker: It has been moved by the Leader of the Third Party that Bill No. 310, entitled *Act Respecting the Yukon Medical Association*, be now read a second time.

Ms. White: Mr. Speaker, I am honoured to be speaking today in support of and presenting Bill No. 310, *Act Respecting the Yukon Medical Association*.

I just want to draw attention to some visitors in the gallery. We have Dr. Derek Bryant, the current President of the Yukon Medical Association; we have Dr. Sudit Ranade, the chief medical officer of health; we have Dr. Anika Maraj; and, of course — I haven't met him in person yet, but we have Ron Pink, who is here as legal representation from the Yukon Medical Association. I just wanted to acknowledge that the visitors were sitting here today in this process, because this is important to the medical community.

I'm standing here today because of a meeting that I had with the Yukon Medical Association on February 10 — that's less than two short months ago. In that meeting, I was told about many of the challenges facing Yukon physicians, facing the Yukon Medical Association, and the concerns that they have been hearing from the members, but I was also told that they saw a path toward a solution.

What the Yukon NDP is proposing with the *Act Respecting the Yukon Medical Association* is in support of Yukon physicians. This bill is for physicians; it is directed by physicians, and it has been led by physicians. What this bill aims to do is something that the Yukon Medical Association membership has been requesting for years.

Since 2021, there have been five motions at the YMA annual general meetings that have called for statutory representation. In each case, the motions passed with overwhelming support, like this motion, which reads:

"WHEREAS the Yukon Government will require the assistance of the Yukon Medical Association (YMA) in the design, development and implementation of the Yukon Health Authority;

"AND WHEREAS the YMA represents physicians in the territory of the Yukon;

"AND WHEREAS the YMA currently has no statutory authority in law;

"AND WHEREAS in virtually all provinces and territories in Canada, the medical association of the province or territory (PTMA) is recognized by statute as the sole and exclusive

representative of all practicing physicians in the province or territory;

“THEREFORE, be it resolved that the YMA shall require the Yukon Government to provide statutory representation for the YMA as the sole representative of all practicing physicians in the Yukon.”

Or this motion, which reads:

“Whereas, family physicians provide clinical services to community health centres under alternate payment arrangement contracts in the referencing contracts, to match the YMA MOU fee-for-service increases, has been dropped,

“That, the YMA assume responsibility as the sole negotiator for equitable and identical contracts for family physicians who provide clinical services to community health centres, and to ensure that contract increases match any and all fee-for-service increases provided for by the Memorandum of Understanding between the Yukon Medical Association and the Government of Yukon.”

So, the Yukon, like the rest of Canada, is facing a health care crisis, and unlike the rest of Canada, the Yukon physicians are unable to speak with one voice. There is always a lot of talk in this Chamber about the important work we do and I don’t disagree. It is imperative that we in our roles do everything that we can to improve access to health care in the territory. We need to use every tool at our disposal, and this bill is just that — a tool — one that brings fairness and transparency to a system that feels neither fair nor transparent.

Within days of the YMA reaching out and asking their membership for support, 90 letters were received. Physicians in the Yukon have spoken out overwhelmingly in support of this bill. Medical associations across the country have written in support of this bill.

Yukon physicians are in a unique position to see what is happening in Yukon’s health care system. They are exceptionally qualified to not only see what is happening, both good and bad, but to show us what solutions can have the most impact — impact on the health care system and on Yukoners’ access to health care, solutions to combat health care worker burnout, and how to deal with challenges like recruitment and workforce stability.

Mr. Speaker, I am not a medical professional. There is a world of experience in this Chamber, but we are not doctors; we are not nurses or physiotherapists or any other type of health care professionals, but there is something that we can do in this House, something that will have a tremendous impact on the provision of health care in the Yukon.

Each of us has stood on this Chamber floor and talked about the uniqueness of the Yukon — things that make us stand out. There are many times when this uniqueness is something that we can and should be proud of.

Unfortunately, sometimes we stand out because we’re missing something — in this case, something important — as the Yukon is the only jurisdiction in Canada that does not have a medical association with statutory authority. Every other province and territory in the country has a medical association that is empowered with representational rights, with processes for arbitration and dispute resolution, and with mandatory dues

for practising physicians. This absence in the Yukon is a huge problem. It means that those who are best positioned to address many of the challenges faced by Yukon’s health care system have no real power to do so.

Right now, physicians are facing a series of structural barriers that can only be addressed with legislation, and Bill No. 310 addresses these barriers.

Yukon physicians are on the front lines of the health care crisis. Every day, they must figure out how to work within the structural barriers that exist in the Yukon to try to deliver the best health care they can.

A perfect example of these structural barriers is administrative inefficiencies. I raise this point because we spent hours on the last opposition Wednesday talking about how much this impacts the entire health care system. But I’m going to go a lot further than that when I talk about barriers.

We all know how important it is to recruit more physicians to the Yukon and, as the minister reminds us, there are shortages across Canada, including the Yukon. So, acknowledging the challenges, we need to find a way to do better. Currently, the Yukon Medical Association is hamstrung in its ability to help with crucial recruitment efforts. Physicians working in the Yukon know what is holding recruitment efforts back, and we need to listen to them and we need to act on their recommendations.

The results of the 2024 YMA members survey were blunt: 91 percent of members believed that stabilizing primary care is the top priority for the current MOU negotiations, but only 11 percent of the Yukon’s physicians believe that they will be able to recruit someone for their practice when they are ready to retire. So, that’s a glaring problem. Physicians want things to get better, but they’re afraid that there is no path forward without measures like those included in Bill No. 310.

So, if that wasn’t bad enough, it just gets worse. Of family physicians with family practices, 41 percent plan to close their practices in the next five years. Nearly two-thirds of those anticipate that their patients will be orphaned because there is no way to recruit someone to take over. That future is frankly terrifying.

So, this spring, we’ve talked about how, in the last year, out of the 153 locums who came up to the Yukon, not one of them chose to stay. So, I’m going to tell you why. It’s because Yukon’s physician workforce structure is fragmented and it’s siloed. Part of this fragmentation is because Canadian health care has seen a shift in payment methods.

Fee-for-service and contract models are yet another topic we have talked about at length, so I know that everyone in this Chamber is already familiar with these issues.

This shift in payment models has created inequities, confusion, delays, and decreased transparency — not just for the physicians themselves but for taxpayers. This automatically harms the Yukon’s attempt to be competitive among the rest of Canada. Locums come up here and they see the fragmentation in our system and they see the inequity.

Two physicians can be working side by side, doing the exact same role, and they can be earning different salaries, so this isn’t fair to anyone. It’s no surprise that locums don’t want

to set down roots here when they can go elsewhere where structures are designed to make things run much more smoothly and equitably. So, we have to remedy that. We have to reduce the siloing and fragmentation, and the best way to do that is through this bill.

Across the country, the provinces and territories have medical associations with statutory representation. These medical associations provide advocacy, support services, and professional benefits to help doctors focus on what they do best. What they do best is delivering high-quality patient-centred care. Medical associations work alongside their members and communities on a wide range of issues affecting physicians. They offer resources, information, tool kits, and one-on-one support to all of their members.

They also help keep members aware of timely information pertaining to practice, membership, and current developments in provincial and territorial health care.

The Yukon Medical Association brought forward an idea that resolves a great deal of the structural challenges around recruitment, retention, health system efficiency, cost effectiveness, transparency, and a way to support visiting specialists and locums. The idea is simple: that the Yukon Medical Association be granted the same statutory recognition that every other medical association in Canada has had for years.

So, what does that mean? There are three principal features that Bill No. 310 will achieve: statutory representation rights; rights arbitration and interest arbitration; and membership requirements.

I am going to explain each of these features and why they matter so much. Statutory representation rights will give the YMA the right to represent all physicians who are licensed to practise medicine in the Yukon and who receive payments from the Yukon government for services rendered — whether they be fee-for-service, contract, locum, or other means.

It is in the best interest of Yukoners and the Yukon government that physicians only negotiate through one party and that no single physician can negotiate private arrangements with the Yukon government. This is needed to address the fragmentation and lack of transparency in payments, contracts, and working arrangements that exist right now. This prevents a steady stream of leap-frogging and private deals. It protects the government from instability in payments and contracts, and it protects the integrity of the medical system in the Yukon.

These representation rights cannot be understated when it comes to recruitment and retention. This goes back again to the issue of overwhelming administrative burdens. Locums, young doctors, and even visiting specialists are less likely to want to come to the Yukon and stay when they know that they must work their way through a uniquely complicated health system with no advocate. Not all physicians looking to settle into a practice or stay in one location are willing to spend their time and energy developing the business side of things, especially considering the fragmentation, siloing, and lack of representation in the Yukon, but every single physician who comes here must clear these hurdles. Without a clear, representative body, these issues cannot be addressed. This

legislation will ensure one universal advocate for physicians so that they can come here and get straight to work instead of jumping through bureaucratic hurdles.

Yukon physicians need a way to access arbitration. There is no real history of effective dispute resolution between the Yukon government and the Yukon Medical Association. So, imagine what that looks like to a physician considering whether they should come to the Yukon. They would have to consider very carefully if they want to set down roots in a place that has very little in the way of formal dispute resolution processes or advocacy paths for them.

Setting up the YMA with rights and interests arbitration processes can reassure potential recruits that there is something in place to support and protect them if a problem comes up, but it is about more than that; this is about fairness on both sides. Having a method for both government and physicians to be able to send a dispute to an arbitrator creates stability for both sides, should there be a disagreement.

Of course, membership — membership is a major piece of this bill. The last number of weeks of drafting this bill have been eye-opening. There have been many discussions between the Yukon Medical Association, the Yukon NDP, the Liberals, and the Yukon Party. Each organization has suggested input and ideas about how this should work. The Yukon NDP have welcomed this collaborative process, as this input and conversation strengthens this bill, because we believe that this bill is more important than just us — “us” as the Yukon NDP.

Ultimately, the final decision on any proposed changes has been made and will be made by the Yukon Medical Association. Mandatory membership in regional and medical associations is a standard practice throughout Canada. This was the initial position in early versions of this bill. However, the Yukon Medical Association and the NDP listened closely to the suggestions from the Minister of Health and Social Services, who had concerns about mandatory membership. The bill before us has provisions that ensure that there would be no physician for whom the YMA bargains who is not either a member of the YMA or at least paying dues as set out in the bylaws of the YMA. Since physicians will receive benefits from current and future MOUs, having them pay a reasonable amount to the YMA for the advocacy and support performed by the YMA is only fair. The dues themselves will be set out in bylaws, which would be determined by the membership and would vary depending on the type of work.

These fees will be reasonable and determined by the board of directors. Dues that are paid by physicians will help to protect the integrity of the health care system and the role that those physicians play in it through the Yukon Medical Association.

To wrap up, this proposed legislation would establish the Yukon Medical Association as the sole representative for all physician payment models in the territory. It will ensure fair, transparent, and efficient negotiations on behalf of all physicians providing care to Yukoners. By ensuring that all practising physicians contribute to and are represented by the Yukon Medical Association, this legislation promotes fair and timely remuneration for physicians. It will improve recruitment

and retention of physicians. It will create more transparent and equitable contract allocations and create stronger advocacy for alternative payment models that reflect the evolving needs of Yukoners and the physicians who serve them.

Bill No. 310, *Act Respecting the Yukon Medical Association*, will create a more stable and sustainable health care system that benefits both physicians and everyone who uses the health care system. These changes will strengthen health care access, fairness, and system efficiency, and these changes will benefit all Yukoners. Having the Yukon Medical Association able to speak on behalf of the physician community as a whole will ensure the stability, resiliency, and equity of the health care system.

Yukon physicians have spoken out overwhelmingly in support of this bill. Medical associations across the country have written in support of this bill. Yukon physicians have shown us the path forward, and it is up to each member of this Assembly to choose whether or not we listen. So, I look forward to hearing from my colleagues about their thoughts and ideas on this, and I look forward to — hopefully — Committee of the Whole and the path forward.

Hon. Ms. McPhee: Thank you for the introduction to Bill No. 310.

Mr. Speaker, I hope all members of this Legislative Assembly hear that our government is supportive of the concepts contained in this bill, but I have certain responsibilities: I have responsibilities as the Minister of Health and Social Services; I have responsibilities as the Attorney General and the Minister of Justice. In those two roles, I am responsible for all pieces of legislation that are debated in this House. Ultimately, I am responsible for the viability, the legality, the implementation, and the constitutionality of all Yukon laws.

I am also the chair of the Cabinet Committee on Legislation. So, we have a process, of course, that this bill did not proceed through for review, for the history of policy development, and the history of research that goes into each and every government bill that comes to this House.

I am also the co-chair of the legislative working group — so, an additional level of responsibility with the member for beautiful Mount Lorne. And our work on behalf of the government caucus and the government of Yukon on that committee is intense with respect to, again, observing and researching policy development for the details of all pieces of legislation.

Those responsibilities mean that, of course, I have questions about this bill and the specific choices that have been made and the words that have been chosen. My comments and questions are designed for us to have a debate here of this bill and to inform Yukoners, now and in the future, of the rationale and the considerations that went into the making of this law.

Making law is not something that I take lightly. In fact, it's the opposite. It is something that we have done over the last eight and a half years more than 60 times — and I think that is a conservative estimate — of substantial pieces of legislation, not including any budgetary acts or bills that come before this

Legislative Assembly. It is something that I, as part of my responsibilities and the honour of having these positions, take extremely seriously.

I appreciate that there has been some public media about this bill. I appreciate that there have been some opportunities to indicate, perhaps on behalf of the Leader of the Third Party, that this is a significant saviour of health care. Certainly, it is a substantial piece of the work that needs to be done going forward. As a matter of fact, it is something that has been recognized by me since I've had this position back in 2021, by the team that we have at Health and Social Services, about the priority. I've had conversations with at least three presidents of the Yukon Medical Association about how representational rights was a cornerstone of their interests and something that we supported going forward.

There are simply not enough hours in the day to list all of the work that is being done by our government, by the Department of Health and Social Services, by the Yukon Hospital Corporation, and by our health system partners to improve and enhance and, most importantly perhaps, to transform our health care system here in the Yukon. That's not even if I were able to take a page out of Democratic Senator Cory Booker's book to make a historic speech, which I will not do, but it is worth mentioning.

I can indicate a number of questions and topics that I hope will be addressed by the member opposite in her final part of the second reading or perhaps as we move forward. I can indicate that today there will be a number of concerns that we can hopefully address through the debate of this bill — a responsibility that we all have.

I am interested to know about the impetus of the bill. I think that some of these points were noted briefly, but we will look to ask questions about the process that was undertaken to determine what would be included in the bill and how the expectation is that this bill will improve Yukoners' health care and access to health care. We have had several conversations about how this process could move forward to achieve representational rights for the Yukon Medical Association and we are looking to determine why the choice was made for a stand-alone bill rather than amendments to other legislation, namely the *Health Care Insurance Plan Act*.

I certainly want to thank the NDP and the Yukon Medical Association for the briefing that we received — the Member for Lake Laberge was present — on the draft bill several weeks ago, I think — but not that long ago. I think it was on March 18. I want to take the opportunity to ask a few questions, as I did at that time. We would be looking to see an overview of how the changes were made from that iteration of the bill to the one that we have today before us.

I note that a number of ideas brought forward by the member opposite include the importance of this bill going forward and the expectations that it will change the culture of the Yukon Medical Association process and what is currently being seen as difficulties between pay rates and the association's members. I don't see this necessarily as a silver bullet and I will expect that we will be able to speak about how the

Yukon Medical Association sees this as removing those barriers and how that will work.

I also note that I have had the opportunity to meet with the past president of the Yukon Medical Association in the past several weeks since I was made aware that this would be the private member's bill that would come forward. I spent many hours with our teams sending feedback after the initial briefing that we got from the New Democratic Party on March 18 — that was a Tuesday morning. We received a copy of the bill in the afternoon — they had made some changes — on March 18 and they asked for feedback in two days. We immediately started to work on that and provided feedback in three days, by Friday evening of that week, indicating to them along the way that it simply wasn't possible for us to complete any of the commentary that we had before that.

I will say, Mr. Speaker, that it was extensive. It consisted of some questions; it consisted of some suggestions for changes and amendments to that version of the bill, and we understood that to be well-received. After not hearing anything over the weekend, we ultimately received another version of the bill later in that week, and we talked among ourselves what it was that we would suggest further to those changes. That work began during that week and we provided those changes to the member opposite and to the Yukon Medical Association.

All during this period of time, the Yukon Medical Association and I were in contact, as were the Yukon Medical Association and the Deputy Minister of Health and Social Services. Our opportunity to provide feedback was, as I said, well-received by those members. I can also indicate that there was some exchange of letters as well, and then we provided yet another document with many changes — perhaps the most important of those changes being that the version presented to us did not have a commencement date or a coming-into-force date and, as a result, would have clashed and I believe caused concern of the utmost kind for me and the team in Health and Social Services. It would have caused a serious concern, because as of Monday morning, March 31 — just two days ago — the Yukon government and the Yukon Medical Association entered into negotiations for a new memorandum of understanding, having the current one be dated to March 31, 2025 and now being extended until the negotiations with respect to the new MOU take place.

I have to say that I am quite uncomfortable despite the fact that we have done extensive work to determine and to insist that the debate of this Bill No. 310 does not interfere with those negotiations. I have been assured by the Yukon Medical Association in several conversations — face to face and otherwise in writing — that those negotiations would not be impacted by the debate of this bill. Unfortunately, I see that it probably is impacting — if for no other way — in which I understand that members of our negotiation team for YMA are here and present today, which means that the schedule for the negotiations has been changed. As a result, only so many days have been set aside and, of course, we want that work to be the priority and the focus. For the individuals who are present, this is also an important piece of work, no doubt. But the impact with respect to the negotiations — and some of the comments

made in the opening part of the debate of this motion do, in fact, impact or may impact the negotiations in an adverse way.

I am extremely concerned and careful to make sure that what the Yukon Medical Association has said is their priority, which is to have this happen outside and independent from those negotiations — and certainly, that is the position of government — that these not collide with one another. They must not impact adversely on one another. I know that all parties are professional and are taking their opportunity to make sure that perhaps that's not, in fact, the case, but I caution us about that work, because it is essential, Mr. Speaker, that this does not happen.

In addition to the opportunity that we had to provide feedback on the draft bills that were brought to our attention — again, it feels like only short days ago, but nonetheless, about two weeks ago — was the fact that we did also provide an act to amend the health care insurance plan act to the Yukon Medical Association and to the Yukon New Democratic Party as an alternative to the bill that is before the Legislative Assembly, which I will be asking about, because the choice was made clearly. I am interested in knowing what that choice might be.

We also have absolutely no visibility to the input, negotiations, or collaboration of any kind with the Yukon Party, so I will be interested to hear what they have to say about this particular bill and the format of this bill. I have not had any conversations with any of the members of the Yukon Party, and I am not entirely sure what conversations have taken place between the Yukon Medical Association and Yukon New Democratic Party and the Yukon Medical Association and the Yukon Party. It will be important for us to know what their position is and any questions that they might have as well.

I note that the opportunity for us to discuss this bill is extremely important.

By way of a bit of history, I should note that, on the — I think it was January 20, 2025 — I met with Dr. Bryant and Katrina Fillmore from the Yukon Medical Association, with Deputy Minister Matt King and our officials, Michele Shaw from my office, and Jared Wong from the Department of Health and Social Services. We had an extensive conversation about the negotiations that were upcoming, about priorities for the Yukon Medical Association, about government concerns, and about questions that might be answered in that negotiation process.

I can also indicate that, alongside that conversation back in January, I know there have been extensive preparations by the negotiating teams both in Health and Social Services and the Yukon Medical Association side. I can note that, during that conversation, we spoke about representational rights. We spoke about the resolutions that have come from the Yukon Medical Association AGM. We spoke about the concerns that we had about the A&A program and how that had worked out and what positions we might be having in a conversation about that at the MOU table.

At that time — and I understand from the notations made by the member opposite that conversations that she had started in February — but at the end of January, the conversations that

we had were about the fact that there was lots of preparation work to be done and lots of work to be done behalf of the YMA, lots of work to be done at the Department of Health and Social Services that we would absolutely support.

By “we”, I am, at that point, representing government and say that we would absolutely support the inclusion of representational rights as a concept in the new MOU that is currently being negotiated. Moving forward, we were super interested to see even a timeline. I believe I spoke to them about having a timeline. We spoke about whether there was support for representational rights to the YMA from their membership. Primarily, their members are the ones who are impacted. We were keen to know if there was a critical mass of members who were interested in having this proceed.

We were also well aware that Yukon was an outlier with respect to the opportunities that are in Canada and other provinces and territories. We also understood at that time how there could be a positive impact for these changes being made and the level playing field that it anticipates.

It was a very positive conversation, in my view. It was a very positive shift in that representation of rights would be on the table during the MOU discussions, and again, here we are talking about the MOU, which I remain uncomfortable doing, because at no point should anything that I say in this Legislative Assembly — or any of the members of this Legislative Assembly say today or in the future — in debate of this bill impact the MOU negotiations that are ongoing, but we discussed that back in January. We were very positive, leaving that meeting, that this would be a shift that representational rights would be included in the work that we would do together going forward.

My recollection is — as well, with certainty — that the message from both the Department of Health and Social Services and the Yukon Medical Association at that time — and I clarified that at that time — was that neither party was ready for this to proceed; there was no question made to us about whether we would draft legislation for this Sitting or likely for a future one. We were not talking about that, but we did note that there was a requirement for some legislative changes, because there needs to be a legislative authority of some kind. There was a variety of ways in which that might happen — a stand-alone bill that we have here today is one of them — in which those representational rights were granted to the YMA.

So, you can imagine our surprise when, just a few short weeks later, we were told that this bill will come as a stand-alone opportunity for the Yukon Medical Association to bring this forward. We were also clearly told that this was a Yukon Medical Association initiative, but I also have a mixed message given to us by the chief executive officer of the YMA that, in fact, this was an NDP initiative. So, I will be interested to hear from the member opposite what that — how that conflict is resolved, and maybe there is some opportunity for her to — for the member — sorry — to explain that to us as we go forward.

Mr. Speaker, I think that there is a collective goal here. I think that there is work for us to do together. I think that the Yukon Medical Association is interested in having this matter

come forward, and their seeking of sole and exclusive bargaining rights for all modes of compensation for physicians, which includes fee for service as well as contract work — and as I had the opportunity to say earlier, one of the primary benefits of coming to the Yukon to practise medicine is that there is a variety of work.

The compensation for that work is something that we will discuss going forward, and it partly is responsible — as suggested, will be the sole responsibility of the Yukon Medical Association as we go forward, but the opportunity for physicians to do acute care work, clinical work — if they choose to — work in communities, Referred Care Clinic type of work, and supporting our most vulnerable people as well as a primary practice of primary health care provision to Yukoners — a specialty in its own right, certainly in remote and rural areas like we have here in Canada — is, in fact, a driving force, is an opportunity that many physicians seek, because it is not available in every jurisdiction in the country. In many places, you must choose one of those paths. You could work in a private clinic here in the territory, and you could do hospitalist shifts; you could do emergency room shifts. While some of that is available in versions across the country — not to the extent that it is here in the territory. I know that we have physicians, many of whom do a variety of that kind of work. What I can indicate is that remains a drawing card.

The YMA specifically seeks to have all individual physician services and contracts governed by negotiation through an MOU, and the YMA also wants binding interest arbitration and rights arbitration as a method of dispute resolution under the MOU, but in this case before us, Bill No. 310, it will be part of the bill and legislated law that applies to the YMA in the future.

This type of arrangement is the norm in Canada, because it overrides the individual physician’s rights to determine their own arrangements and requires legislation. We support that as a path forward. I note that the Yukon is one of the only jurisdictions in Canada that does not have this role for the medical association enshrined in legislation, as we heard earlier. BC does not have legislation respecting these kinds of rights for their medical association, but the rights have been affirmed by judicial interpretations of their legislative scheme, which is also an important distinction but supportive of the path forward with legislation.

I can also note that this is timely, and I have said that to the Yukon Medical Association in my conversations with them. Never before has there been the number of individual physicians or the support from the other organizations. Although in my view, those are less important than — I mean, they show an indication of support from the other organizations across the country, and that will be helpful for the YMA to have support from their fellow organizations, but they are less important than the individual doctors — individual physicians — who support this.

The YMA’s role in history has been — as a role in the Yukon, physicians have — had been a negotiating entity and historically focused exclusively on achieving increases and

changes to the payment schedule in the fee-for-service work and various financial benefits for its members.

Over a considerable period of time, steady and incremental growth, our department's use of fixed-payment contracts has increased to the point where it now occupies — nearly 35 percent of all physician payments are through fixed-payment contracts. These types of contract arrangements are needed to secure physicians in areas where the services are required but are either not economically feasible in the fee-for-service model or where physicians have sought to have contracts to secure their services. I think that we must remember that this is all in the context of a transformation of the health care system. We have a current health care system that was designed 70 years ago — maybe more than 70 years ago, in post-World War II — and not many changes since then. The concepts of fee for service and the changes that came with universal health care have all been incorporated into this process, but we have young physicians coming from medical school now — and not only the young ones coming from medical school — saying: I am not a business owner; I am not the person who is interested in building a clinic or owning that asset or investing in real estate, collectively coming together in a clinic process, either alone or with colleagues, hiring staff or paying the rent on a lease or the opportunity to run that kind of a business. What I want to do is practise medicine, they say. What I want to do is focus on that.

The old model — or parts of the current model that still exist — has not been all bad. We have had the opportunity for medical practitioners to be just those business people, to be the investors, to have the assets that are required to run a medical practice. But as I say, this is an important transformation. It was recognized in *Putting People First* as an opportunity to go forward in the health system transformation. It is challenging for us, on occasion, to hear that the team-based care opportunity for wraparound services at clinics for medical professionals and the benefits that this will have to Yukoners and to patients everywhere — it is quite challenging to hear that as a new idea. This is not a new idea in the Yukon. The Yukon has been leading the way. I have had conversations about this; my predecessors had conversations about this with the Canadian Medical Association, with leadership across the country, with ministers across the country, to say that we are leading the way.

I even had a conversation with Dr. Philpott when she released her book and had lots of team-based care included in that as the way of the future. She and I spoke about the transformation here in the territory, the work that has been done since the development and release of the *Putting People First* report in 2020 — to talk about adopting a system like the Nuka System of Care in the United States in Alaska and how it has been embraced here in the territory going forward. It has been the basis of the debate we had for many, many days last spring involving the *Health Authority Act* and ultimately the passing of the *Health Authority Act*, which envisions the future — the removal or reduction of racism in our health care system being a primary goal of that *Putting People First* document, being a primary goal of that *Health Authority Act* going forward and the development of an independent health authority to manage

health services, to reduce barriers, to encourage team-based care, and to work going forward.

It would be part of the long list of things that I mentioned that, if I had the opportunity to go through everything that is being done to help improve health care in the territory, to help improve the process of including our tripartite partners and of the relationship building that we have done as foundational to that work with the Yukon Medical Association, with the Yukon Hospital Corporation, and with my colleagues on this side of the House to support health care, to support health care spending, to support increases in programming for Yukoners, and to support the work that is being done by those groups together to increase our physician availability, to recruit health care professionals who can provide those wraparound services and can work together to make health system transformation for Yukoners the key goal — I appreciate that this is an extremely important part of that process.

But let's be clear: That process has been going on for five years. That process is a key priority for this government, as it should be for any government sitting in these chairs. It has been a key priority in the actions that have been taken with respect to the *Health Human Resources Strategy* and with respect to the recruitment and retention of health care professionals, with the provision of bonuses and recruitment bonuses, with respect to increases of pay for acute care workers, for hospitalists, and for emergency room department doctors. Those are just a few examples of the action that has been taken by this government to make sure that health care and the transformation of health care in the territory is absolutely key.

I could speak about these benefits going forward, about the challenges that we all face, about the fact that I truly believe that the relationship that we have built means that we will not necessarily all agree at all times on all things — that would not be good, either. But the tripartite relationship that we have built with the Hospital Corporation at the table with the Yukon Medical Association at the table is, in fact, the way forward.

I won't be shy about noting to Yukoners that this was a surprise for us — that the relationship that I have faith in with the Yukon Medical Association has been strong — that, at the end of January, I had a strong conversation with them about representational rights being critical. We all agreed that it would be built into the new memorandum of understanding and we would see our way forward in making the changes that were necessary to get us to recognize those and to have them implemented. A few weeks later, we heard that another party was bringing forward legislation to make this change. That was a surprise.

I imposed upon our teams at Health and Social Services and at Justice to assist us with making suggestions to make the legislation better, to make the draft bill that we were given more succinct, to make it focused on the topics that we understood from the YMA were their concerns — and the New Democratic Party — and to work intensely to make sure that the product that came before this Legislative Assembly was, in fact, a strong, implementable, constitutional piece of law.

I know that I will have questions going forward that are specific to Bill No. 310. I appreciate the openness of the Yukon

Medical Association and the New Democratic Party for taking most of the drafting suggestions and the overall structure of the bill — suggestions that we made during the two weeks since that time of us first being given a copy of the draft bill.

I believe that it has been a productive process. I hope that it has been seen the same by the other parties, but again, we will have some specific questions about how we got here and the purpose. Yukoners will understand, as they look back and as these changes are made — the integral piece that this concept and the concepts for the representation by the Yukon Medical Association will have in the future is not a silver bullet, but it is an important piece.

I often said in this House and in other places that all complex problems require many, many solutions. Let's be clear here that this is one part. I picture it often as a spiderweb. There are many, many solutions that feed into addressing complex problems. This is one of those. It's important, and I look forward to the future debate.

Mr. Cathers: I am pleased to rise here on behalf of the Yukon Party Official Opposition caucus.

The Yukon Party is proud of our long record of championing investments in our public health care system, including supporting doctors and all health care professionals.

During our time in government, we launched the medical education bursary to support Yukon students, started the family physician incentive program for new graduates, which has subsequently been renamed the CCFP program, to attract doctors to the Yukon. I would note that the recent reports by the Yukon Medical Association note the continued success of that program. We also provided bursaries and supports for other health professions under our health human resources strategy.

Other actions include planning and investing in the new emergency department for Whitehorse General Hospital, purchasing new MRI and CT scanners for the hospital, constructing hospitals in Watson Lake and Dawson City, building two new ambulance stations in Whitehorse, and expanding 911 service to all rural communities, and the list goes on.

As the Official Opposition, we have continued to make health care a top priority, including pushing for increased funding for Yukon hospitals for years, calling out this government when it failed to pay doctors in a timely manner, advocating for cuts to red tape for physicians, urging increased action on doctor recruitment and retention, asking for the Whitehorse General Hospital surgical services renewal project to move forward — and I remind the government that they have had that project collecting dust for over six years — as well as championing solutions for the territory's health care crisis.

I remind the minister, since she mentioned the *Health Human Resources Strategy* — as she knows very well, it was the result of years of pushing by the Yukon Party for the government to develop a new health human resources strategy that finally prompted them to take some action, but while we do welcome some parts of the document, we were hoping to see more immediate action and less talk about future action.

So, we have appreciated the opportunity to work with the Yukon Medical Association and we look forward to continuing our positive relationship for many years to come.

I would also like to thank the doctors here in the gallery as well as the lawyer with them and all the doctors listening for their ongoing service to Yukon patients. Our families, our neighbours, and our communities depend on you, and we are grateful for all that you do to serve the health care needs of Yukoners.

In talking about this bill, it's important to understand how government's relationship with doctors has changed. For many decades in the Yukon, almost all doctors practised under the fee-for-service model. For example, 10 years ago or 15 years ago, there were a handful of contracts directly with surgeons, visiting specialists, and other doctors. That meant that the Yukon Medical Association, in negotiating the fee-for-service model with the government, was representing almost all doctors who were practising in the Yukon in those negotiations. The small number of contracts and alternative payment arrangements at the time was not, at that point in time, a subject of concern for either the Yukon Medical Association or the government.

In the last eight years, however, that has changed. According to a survey of its members, the YMA found that over half of doctors have contracts with government outside of the fee-for-service model. That number does include some doctors who also practise under fee for service as well as that alternative payment model.

For several years, the Yukon Medical Association has been asking government for the ability to represent doctors in contract negotiations. We do not understand why the government has been so slow to agree to that request, and we believe that they could and should have already done it through policy.

The minister of health tried to claim that the *Health Care Insurance Plan Act* or other legislation might be a barrier but, when pressed, was unable to point to a section of any legislation that actually prevented such a move being done through policy. If you can't actually point to a section of an act or regulations that is a barrier, it starts to sound a lot like an excuse.

Having read the applicable legislation and regulations myself, it appears to me that it was, in fact, just an excuse for inaction by this Liberal government. We understand that the Yukon Medical Association has now reached the point where they would rather have legislation rather than this happening through policy, and we are happy to support that approach.

On the issue of representational rights, we welcomed the opportunity to meet with the Yukon Medical Association on multiple occasions to discuss this important topic.

We know that their lawyer has been actively involved in drafting this legislation based on what the Yukon Medical Association and their lawyer see as the best practices from other Canadian jurisdictions. Most recently, we met with the Yukon Medical Association leadership to review the draft legislation late last week. With the exception of the coming-into-force provision, I would note that the legislation we are looking at now is, in fact, the same as it was late last week.

For the record, I want to note, as we have mentioned directly to the Yukon Medical Association, that in our position as the Official Opposition, we were not in a position to have any realistic chance of advancing legislation ourselves if we had tabled such a bill. In the last eight and a half years under this territorial Liberal government, both the Liberals and the NDP have voted against us every time we have proposed legislation or proposed amendments to the proposed legislation. So, we did not see that as a realistic path forward.

We have had a bit of concern about the rushed nature of drafting this new piece of legislation as well as changes from earlier drafts of the bill. But that being said, we continue to fully support the goal of allowing the Yukon Medical Association to be able to negotiate both contracts and fee for service on behalf of doctors. We also recognize the strong support shown by the Yukon's physician community as demonstrated by approximately 90 letters of support for legislation to achieve this goal.

The Yukon Party Official Opposition will support Bill No. 310, entitled *Act Respecting the Yukon Medical Association*. We also thank the Yukon Medical Association and doctors for their advocacy on this issue and for the ongoing communication and positive relationship that we have with them.

In closing, I also want to thank all of the doctors who have reached out to us over the last several years regarding the territory's health care crisis as well as those who have spoken out publicly and who have proposed solutions to it. I want to thank the Yukon Medical Association for their continued work on behalf of Yukon doctors and Yukon patients. The Yukon needs to do more to recruit and retain family doctors, hospitalists, surgeons, and specialists to meet our needs.

This bill is a positive step, but it is important to emphasize that much, much more needs to be done, including working with doctors and other health professionals, to make the Yukon an attractive place to move to for doctors, nurses, and other health professionals and for it to be a place for them to make their home for many years. The government needs to do more to recruit doctors, including from the United States and other countries with similar standards.

With that, I will wrap up my remarks and note again that we will be supporting the passage of this legislation.

Hon. Mr. Pillai: I will start by just rising today with just some brief remarks on Bill No. 310.

This bill, as we understand it, has three high-level goals. It enables the Yukon Medical Association to achieve representational rights, dispute resolution, and arbitration for its physicians. The goal is aligned with the Yukon Medical Association's 10-year strategic plan, which highlights system-wide change, improving access to care, and building capacity. It also aligns with the goals of this government.

Improving health care for Yukoners is one of our government's top priorities. The Government of Yukon understands that a sustainable and well-supported medical workforce is essential to the health of our communities. What I will say to the House, to the doctors who have visited us here

today, and to others is that, coming into the role in 2023, I laid out some significant priorities that I felt we could focus on, continue the good work that was happening, but understanding that the landscape over a period of time can change. I think that when we talk about health care and when we talk about the support for doctors, we have to take into consideration that 2020 and 2021 put significant pressure on our health care system and changed the perspective of many health care professionals. It's not just the incredible doctors we have who get up every day and do exceptional work, but it's also allied health, it is our nursing staff, and it is the support staff in the hospital and in our nursing stations across the Yukon — of course, across the entire medical ecosystem in the country. But people had experienced incredible pressure.

Many individuals had made decisions to look at other occupations. Their experience at the time was difficult. For many, of course, the interface with the public has also changed. I think, speaking with health care professionals, sometimes the level of respect that has always been in place for those individuals is not what they always experience now. That, of course, puts strain on the system. Individuals are being treated inappropriately by the clients they are trying to serve, and all of that puts more pressure on the system.

Of course, the Government of Yukon has a role and it is incredibly important that we understand where health care is moving, because there have been changes. We talk about health care with team-based systems versus the traditional mindset that most Canadians and Yukoners have: that I will go to my family doctor and, if something significant happens, I will then be referred. When I walk into a hospital, I am going to be met there by nursing staff and somebody in emergency is then going to look after me. When we think that there are at least 23,000 doctors who are not in the system right now across the country, we are going to be in a position where there is massive pressure.

I want to thank the Yukon Medical Association for their time over the last couple of weeks as well as other members and leaders within our health care fields for spending time identifying what the real challenges are and providing guidance on how we can look to improve in those areas while at the same time being open and understanding that we still have an obligation here in the Legislative Assembly to look at the change in models.

On the work that was done around the health authority, I think that the Yukon Medical Association — from my conversations — not with the association speaking in a formal, official way but speaking with members — there was a lot of concern and anxiety toward the change that a health authority could bring.

Those members were also open to understanding that many Yukoners had an experience or had experienced a different approach to their care within that system.

We have talked about it a lot in the House, and because there was a real commitment toward ensuring that specifically First Nation members of the territory — citizens — where having a system of care that has approached them was incredibly important. I just want to thank the YMA for their — just their openness to talk to the work that was done around the

health authority. I did speak with one medical professional this week, and the ask was: Let's make sure that, in the future, the Yukon's system — the hospital — has a governance structure that can stand on its own so that it can make decisions that are shielded from a political view.

Now, I would say that, going into this year — in our budgeting and our processes — the first thing that we have always said is: Let's make sure that we put all of the tools that are required and financial capacity in place for our medical system to be able to operate as it should. That is why this year, again, you are at a record-breaking investment into health care — something that we have never seen. I think actually double where we were — I think the minister said — in 2018.

My response to that health care leader was: That is why there is a health authority. That is why we want to see health authorities, because the legislation enables that level of support and a board who oversees that. Anyway, that was what — that was the exchange by a long-time professional to me in a dialogue this week and what they wanted to see and, of course, being able to reflect on that work that had been in place.

The other thing that I want to share as we go into this is that I asked the Department of Health and Social Services and the minister just a few weeks ago — as we were getting ready for the negotiations that were going to begin this week — if I could get an understanding of what — we had a mandate but understanding: What were the priorities for the YMA? Of course, park the financial piece — that will happen, and I'm not going to get involved in that; the work is underway. As I know, I think there were negotiations until early this afternoon, and then they concluded, and they concluded for the work here in the House.

I will note that we did have a discussion to understand if this bill would disrupt negotiations, and we were told no. I think that today — factually, we are all in the House together, all of us, because we are doing the bill versus negotiations for our teams.

When I asked what the priorities were of the YMA, of course, the representation and the conversation toward representation was something that was identified to me. To be very open, our team in that conversation and briefing at that point, weeks and weeks ago, said that, of course, that is a bold move, and we understand that it has been difficult for the YMA and the leadership at the YMA to want to represent all the doctors in our community but to see these different compensation models. Spending time this year at the YMA's gathering at the annual general meeting, it is easy to understand that. As I shared with some of the doctors in our community, when you walk down, when you are talking to one doctor about what is the best model for the Yukon at that event and then you walk 20 feet in the other direction, you might get a similar answer or you might get something very different.

I want to thank the YMA and their team for gathering those 90 individuals to support. I have asked the minister — when we look at the total quantum of doctors, this is a very large portion. We will, in Committee of the Whole, get into some of the exact percentage of the community that is — a bit of a heads-up to

the member opposite; that is something I think that is important to put on the record: What is the percentage of doctors?

We think that this is a very important next step for YMA, and I think that it will improve the ability to provide a consistent playing field. I think that it is better for government and for the doctors. That is our position. When the minister says that it was a bit of a surprise, that is where the surprise came from, because we were actually going in with the understanding that the next step was to integrate into the MOU that would be negotiated — this piece.

Through that meeting, we will get into sort of the deeper conversation in Committee of the Whole with the member opposite. There was a meeting on, I think, February 10, and in that meeting, there was then the decision made to do legislation. The word that has been used by the member opposite is that the — it was "blistering" — it was a "blistering pace" — and it was, and we understand that. There's that fine line between blistering and ensuring that due diligence is done, the work is done to consult, and you can build out a piece of legislation that has all the pieces in place that can represent the priorities of the group or, I should say, to meet the goals that you need within that lot.

In this particular circumstance, we will have lots of questions, because the blistering pace — to the point where we are just getting an opportunity over the short run to see a finished version of this — it hasn't given everybody a long period of time to just go through it and understand what the impacts will be for both the members and the Yukon government.

So, I think everybody here with us today understands that's an obligation that we will all have. We have to understand that this will lead to a model where the YMA will have, likely, certain capacity that is required. We have looked at a jurisdictional scan of what will be needed. The bylaws within this legislation will then identify a revenue source to fund that model.

I spent some time calling and researching doctors across the country where there are those fees. We know right now what that means for doctors in the Yukon, because that is all part of retention.

When I look at the fees in Nova Scotia versus British Columbia versus what is in place right now for the YMA's base fees plus the negotiation cost and then I take into consideration what the model will be and what it will take to sustain the existing services and then be able to meet the goals of potentially multiple FTEs or what it will be, those are all things that we need to discuss, because all of that plays a role in recruitment and, I think, in retention. Right now, I think that YMA is probably above — I believe, but we'll get into it — British Columbia, Nova Scotia, and a number of different spots when it comes to the fees.

As much as it's not part of the legislation, this will then lead to some of those bigger conversations, and there might be very simple answers, and I'm sure there are, but those are questions we have to ask as well.

I do want to say to doctors who are listening and to health care professionals and Yukoners that, in some of the work that

has happened, the Official Opposition identified that there is a great opportunity within the United States right now to recruit. I think that is a very good point. Our minister has spent time communicating with the minister from British Columbia who really had started that work to understand where there can be some collaboration on that.

There still has to be a significant conversation with the YMA to seek more guidance and understanding from them and to see what their recruiter will have in mind and what the recruiter is experiencing on behalf of other clients.

Over the last number of days getting into this, again, we have made a concerted effort to understand how we can make sure we have enough capacity and doctors. I will say to the House — and happy to be proven wrong — but the conversations that we are having with both interested doctors and recruiters is that it is actually a very favourable place to come. I think there are a lot of improvements that have to be made. Our goal is to ensure that we can absorb the needs of our community, understanding that we have individuals who are seeking to have that connection with a family doctor, understanding that the medical community has been very clear in saying that individuals who are doing double tasks are worn out and understanding that, if we can support the capacity with family medicine, take the guidance from our local doctors about ensuring that we have a training ecosystem at the hospital and an ability for doctors to come through the system, I actually do think that we are in a position, over 2025 and 2026, to bring on board a number of doctors. Some will be from the United States. The conversations today were doctors from Ireland, Dubai, and other locations with recruiters. I think there are a number of places where we can have highly trained doctors who want to come to Canada and can help support and fill some of those really important gaps.

In meeting with the general surgeons this week, they were very clear about ensuring the stability within that part of our system, that having the appropriate number of individuals practising family medicine will be really important for a number of reasons that supports them and the bigger social aspects and ensuring that the morale is there among our doctors and ensuring that our doctors are in a system and structure where everybody can optimize their talents, they can handle the work-life balance in an appropriate manner and can be in a position to continue to provide incredible health services to Yukoners.

I think, for some — we will just touch on — it has been — I appreciate that the Official Opposition has put pressure on us and talked about the success that Nova Scotia has had in some of their work. I think that it's important to note — I think that we're in a better position when it comes to meeting the needs of the overall population when I take into consideration some of the challenges that they have with their wait-list and some of the things that they have done over the last number of years. I'm not going to spend time today critiquing what happened — you know, with the Member for Lake Laberge in his time — I'm not — I'm not. What I will do is say: It would be appreciated to — when we went out and said that we really should work with the Government of Nova Scotia, we should

sign an agreement, we do think that the Atlantic registry is one pathway that could be appropriate, I appreciate now that this concept and work is being supported.

Look, I think that we, in Committee of the Whole, will have a lot to say — or questions to ask, I should say. I thank the community of doctors for being here with us today. We support this work; we always have. That is really what we have said, but right now, it will be important to take a look at the legislation. Again, it's all about the incremental improvements that we can be making supporting our doctors, and this is a great step forward. I thank them and their team for working with our team to get this done.

Ms. Blake: Mr. Speaker, I express my support for Bill No. 310, *Act Respecting the Yukon Medical Association*.

This legislation is a crucial step toward strengthening the medical profession in the Yukon and ensuring that health care providers have the necessary resources and representation to offer a high quality of care to Yukoners.

The Yukon Medical Association plays a pivotal role in advocating for physicians, addressing health care challenges, and working collaboratively with the territorial government to improve medical services. By formalizing and updating the Yukon Medical Association's legal standing and functions, Bill No. 310 will enhance the association's ability to support health care professionals and advocate for the well-being of patients.

Key benefits of Bill No. 310 include enhanced professional representation, providing a clear legislative framework for the Yukon Medical Association, which will allow it to more effectively represent physicians and other medical professionals, ensuring that their concerns and needs are heard and addressed.

Improved health care policy collaboration — strengthening the Yukon Medical Association's role will promote more effective dialogue between the medical community and policy-makers, leading to better informed decisions that directly impact health care delivery. I think that this is one of the key pieces for me, because I think about when I was working as the non-insured health benefits navigator and the work that I have done in Ottawa at the time and how I was able to work with different associations at the national level, with the Assembly of First Nations and the federal government, to address the key issues that came out of the non-insured health benefits, and that is one of the strengthening pieces of this bill.

Support for recruitment and retention — by bolstering the Yukon Medical Association's ability to advocate for fair working conditions and professional development, this legislation will help to attract and retain skilled health care providers in the Yukon, addressing ongoing workforce challenges. In terms of better patient outcomes, a well-supported medical association contributes to a more efficient and responsive health care system, ultimately benefiting patients and ensuring that they receive the best possible care.

Passage of Bill No. 310 will reaffirm the Yukon's commitment to a robust and effective health care system. I urge all legislators to support this critical initiative and help ensure

that our medical professionals are empowered to serve our territory to the best of their ability.

I know that my colleague has mentioned that there are more than 100 letters of support from Yukon doctors and from medical associations across Canada. I want to read to you some of the messages that doctors have shared through these letters about what this bill means for them. This bill is for them and their voices should be heard in this debate.

The first quote is from one of the many letters from Yukon doctors — quote: “I have witnessed first-hand the frustration and discontent caused by one-off agreements that fail to address the broader needs of the medical community. In particular, pay inequities and inconsistent agreements create divisions within the healthcare workforce and undermine morale. These issues exacerbate the difficulties we face in maintaining a stable and committed physician workforce in the territory.

“I firmly believe that recognizing the YMA as the representative body for physicians would be an important step toward stabilizing the physician workforce in the Yukon. It would create a platform for meaningful negotiation, improve recruitment and retention, and, ultimately, strengthen healthcare in the territory.

“... I urge you to stand in solidarity and support the statutory recognition of the Yukon Medical Association and the granting of powers of representation and dispute resolution for Yukon physicians. This measure is essential for the future of healthcare in the Yukon, and I trust you will consider it a priority.”

The Canadian Medical Association wrote that the representation rights that this bill creates are a matter of fundamental principle. They have concerns about the potential for unfairness when the government is both the single purchaser of physician services but also sets the prices for those services. They also point out in their letter of support that, for more than 50 years, medical associations with representational rights have created efficient negotiations that continue to serve the public and the medical profession well.

The Canadian Medical Association also pointed to recommendation 1.3 of *Putting People First*, which says — and I quote: “Work with the Yukon Medical Association through the next contract negotiation cycle to develop alternative payment models to transition away from primarily fee-for-service payment for medical services.”

Dr. Kathleen Ross of the Canadian Medical Association says in her letter that there is little doubt that giving the Yukon Medical Association representational rights will be a much more effective way to achieve recommendation 1.3 than one-off agreements with individual physicians.

The Newfoundland and Labrador Medical Association pointed out that medical associations are vital in creating fair and equitable contract negotiations and that this benefits not only doctors but also the territory’s ability to recruit and retain doctors. That ultimately benefits patients and their communities. The Newfoundland medical association also writes that compensation inequities and inconsistent agreements with individual doctors in the Yukon foster divisions within the medical workforce and hinder efforts to

improve retention. They state that this bill will stabilize the Yukon’s medical workforce and strengthen health care delivery across the territory.

Doctors Nova Scotia strongly support this legislation. They write that — and I quote: “Instead of our government partners having to constantly negotiate thousands of contracts with individual physicians, both DNS and our government partners are able to plan for negotiations every four years in a thoughtful manner.”

We were able to — “... successfully address some long-standing and persistent health care challenges negatively impacting patient care in NS. Solving these ‘wicked’ problems with a ‘win-win’ approach could never have been possible without DNS being the sole negotiator of physician remuneration with the provincial government.”

There is much more in these letters. I hope that my colleagues read each of these letters in their entirety, because they will realize that every person and organization that has written in support of Bill No. 310 has pointed out that the Yukon is the only region in Canada without a single, unified voice for doctors. Doctors need this to change and Yukoners also need this to change.

I’m asking and doctors are asking for the support of everyone in this House for Bill No. 310.

Mahsi’ cho.

Speaker: If the member now speaks, she will close debate.

Does any other member wish to be heard?

Ms. White: I thank the colleagues who spoke today. There was a load of questions from the Minister of Health and Social Services, which I think probably will be better suited to answer in Committee of the Whole.

But I will say that when it was said that neither party was ready in reference to January of this year, I will go back to Joint Management Committee meeting minutes from October 11, 2023, where it says: “Action: HSS to review existing YMA AGM motions on enshrining role of YMA in legislation and advise YMA if they are specific enough to provide direction needed or if the YMA needs to vote on a more specific motion.” So, that’s important to note; that’s October 2023.

Then I’ll note that there was an e-mail sent to the minister’s executive assistant in September 2024. I’m just going to read an excerpt from this. It says: “Here is a cut and paste from my notes from our August 28th conversation with...” — the deputy minister — “... that led to tonight’s meeting with the board:

“Summary of 1:1 with Deputy Minister ... August 28th discussion:

Deputy minister “... identified she is in support of YMA to have representational rights.

“She apologized if it’s perceived that minimal work has been done and she agrees it hasn’t been a high priority due to limited resources and competing priorities.

“YG has been significantly under-resourced and they just haven’t had a Director designated to prioritize and keep

progress on this item which she feels is slowly changing by bringing..." — a new team member — "... on the team.

"She reiterated many times it is not intentional nor with malicious intent to prevent YMA from having representational rights. It's a simple matter of just being over-committed to a long list of priorities.

Final outcome: The deputy minister "... offered to engage with the Board to discuss representational rights, answer questions, and provide insight to her strategic plan to help YMA get representational rights."

It's interesting, because that is from August 2024. It's from October 2023. I think what we see is that the YMA has been asking to go toward representational rights for a while. I think that it was time and place, and I appreciate that the Premier brought back my words blistering against me. Honestly, I was trying to be honest. I was trying to make sure that everybody knew that this was quick. I knew it was quick, but it has been thorough. It has been discussed. There has been conversation; there has been back-and-forth. There has been input; there has been output; there have been changes. There have been a lot of things that have happened.

I would encourage the minister to table the 90 letters from physicians and the medical associations. I say this because they are addressed to her and not to me, but there is a whole packet. The YMA made sure that they went to the minister and they went to the Yukon Party when we first started talking about this and brought it to both of them. So, those do exist.

It is interesting that the minister talked about talking about negotiations on the floor and went so far as to say that the YMA was here, but I will note that it was the ministers and negotiators yesterday who postponed the meeting until 10:30 in the morning — late delay — because the bill got tabled, so it's interesting.

I appreciate that the YMA is here. I especially appreciate that the lawyer from the YMA is here, because he will be helping me answer the questions during Committee of the Whole.

There was mention of a commencement date. There were talks about being comfortable or not comfortable. I will note that the minister talked about the 60 pieces of legislation or so that have been brought forward in her time in government. Well, I have debated 60-plus pieces of legislation. I have also brought some forward and I will say that it is about priorities — so, just about four years in this position as Minister of Health and Social Services. I read minutes from October 2023. I read an e-mail from 2024. This has been a priority for the YMA; it has been a priority. They started talking about representational rights in motions at their AGMs starting in 2021, really, so there are loads coming from there.

This isn't new. I think it was an opportunity. When I asked: What needs to change and how do we change it? — here we are. I can answer the questions in Committee of the Whole about why we went for a stand-alone bill instead of changing insured — pardon me. I can't remember the name of the legislation, but I will answer it then.

The minister said: How will this improve access to health care for Yukoners? Well, I would suggest that having more

family doctors, physicians, and others would improve access, and this is what it's intended to do.

With that, Mr. Speaker, I look forward to moving on to Committee of the Whole and getting into the meat and potatoes of it. I thank my colleagues for the time and their comments, and I look forward to the questions going forward.

Speaker: Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Madam Deputy Clerk, please poll the House.

Hon. Mr. Pillai: Agree.

Hon. Ms. McPhee: Agree.

Hon. Mr. Streicker: Agree.

Hon. Ms. McLean: Agree.

Hon. Mr. Clarke: Agree.

Hon. Mr. Silver: Agree.

Hon. Mr. Mostyn: Agree.

Mr. Dixon: Agree.

Mr. Kent: Agree.

Ms. Clarke: Agree.

Mr. Cathers: Agree.

Ms. McLeod: Agree.

Ms. Van Bibber: Agree.

Mr. Hassard: Agree.

Mr. Istchenko: Agree.

Ms. White: Agree.

Ms. Blake: Agree.

MLA Tredger: Agree.

Deputy Clerk: Mr. Speaker, the results are 18 yeas, nil nays.

Speaker: The yeas have it.

I declare the motion carried.

Motion for second reading of Bill No. 310 agreed to

Speaker: Bill No. 310, entitled *Act Respecting the Yukon Medical Association*, has now received second reading and, pursuant to Standing Order 57(4), stands ordered for consideration by Committee of the Whole.

Pursuant to Standing Order 14.2(3), the Third Party designated Bill No. 310 as an item of business today. The Leader of the Third Party is therefore entitled to decide whether the House should resolve into Committee of the Whole for the purpose of continuing consideration of Bill No. 310. I would ask the Leader of the Third Party to indicate whether she wishes the House to resolve into Committee of the Whole.

Ms. White: I would ask that the House now resolve into Committee of the Whole for the purpose of continuing consideration of Bill No. 310.

Speaker: Pursuant to the request of the Leader of the Third Party, I shall now leave the Chair and the House shall resolve into Committee of the Whole.

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. Blake): Order. Committee of the Whole will now come to order.

The matter before the Committee is general debate on Bill No. 310, entitled *Act Respecting the Yukon Medical Association*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

Chair: Committee of the Whole will recess for 15 minutes.

Recess

Chair: Order. Committee of the whole will now come to order.

Bill No. 310: Act Respecting the Yukon Medical Association

Chair: The matter now before the Committee is general debate on Bill No. 310, entitled *Act Respecting the Yukon Medical Association*.

Is there any general debate?

Ms. White: I welcome questions and, with the support of the team in the office, will do my best to answer them.

Hon. Ms. McPhee: Madam Chair, thank you for the opportunity to ask questions. I would like to start off with something that was partially addressed during second reading. I would like to ask about the impetus of this bill, whose idea it was, and how the process was undertaken to determine what would be included in the bill. I appreciate that's more than one question. Let's start with the impetus and how the process was to get here.

Ms. White: It started — like I mentioned initially, there was a meeting between myself, the president of the Yukon Medical Association, and the executive director on February 10. In that meeting, one of the things that they had highlighted was the need for the things that are included in this bill. I said: Okay, what's the barrier? And we went from there.

I indicated that I had the ability, with the confidence and supply agreement, to move a piece of legislation and get it to the third reading, and whatever happens here happens, but that I was willing to give it a try. That's when we really started in earnest. So, there were conversations then between the lawyer representing the Yukon Medical Association, our drafter, and then, when we had the document, that is when we shared it with both first the government and then with the Official Opposition.

Hon. Ms. McPhee: How was it determined that the Yukon Medical Association's lawyer would be involved in the development of this bill?

Ms. White: As their legal representative, he is always involved with them to help them in any way that they need, and he is always there to provide legal advice. To the minister's point before — or maybe not the Minister of Justice or Health

and Social Services but definitely the Minister of Education said that I am not a lawyer, and I agree. So, it was about taking advice from those within the legal field, and in this case, it seems to me that someone best represented to support the YMA is the lawyer who represents them.

Hon. Ms. McPhee: Can you explain to Yukoners how you expect that this bill will improve Yukoners' access to health care?

Ms. White: With nearly 4,000 Yukoners on a wait-list for a family physician, it seems to me that, if we are able to better support physicians, including with representational rights, arbitration, and dispute resolution, the hope is, especially from the Yukon Medical Association perspective, that they will be better able to recruit and retain physicians in the Yukon.

Hon. Ms. McPhee: Have you or the YMA spoken to doctors from outside of the Yukon who have specifically said that the issues — representational rights or lack of dispute resolution — have kept them from coming to practise here in the Yukon?

Ms. White: It is my understanding that doctors coming in to practise in the territory have been complaining about irregular contracts. They have highlighted that they don't want to come here because they recognize the inequities — in some cases, again, the examples of two doctors working side by side has definitely been captured by those visiting doctors. It has been highlighted by folks who have been coming here. It says that the physician community is actually dissolving because of the inequities in treatment that they receive. That's one of the things that we hope to address with Bill No. 310.

Hon. Ms. McPhee: I appreciate the sort of general comments about the impact of how this will improve Yukoners' access to health care. I also appreciate the connection between that and the recruitment and retention. This is clearly not the only issue with respect to recruitment and retention for physicians. I guess I am trying to explore a little bit more of the connection that the member opposite believes that this bill will make and the real improvements so that Yukoners can understand the intentions here and the real connections to improvements to the general health care system. I appreciate if the answer is that it's only about recruitment and retention, but there have been some lofty statements made about vast improvements to health care. I want to make sure that Yukoners understand what the intention is here, if that could be explained a bit.

Ms. White: The first thing I would mention is that a motion started getting passed by the YMA and their membership in 2001 about different things that essentially could be captured under representational rights. One of the things that I think was really impactful for me, when listening to Dr. Bryant talking about why he had been championing this himself, is he talked about that it was also fairness for taxpayers and the ability for them to know that there weren't going to be the big discrepancies in contracts, and the term that the medical community itself has used is "leap-frogging". So, you are always going up; you are always going past that. One of the reasons to do it was to capture it together.

Really, it is about transparency; it's about stability, and both of those things help retention, because it prevents the inequities within the system that we currently see. That again helps with the recruitment, because new doctors see fairness in the system. One of the things that has been highlighted by those visiting — for example, that 153 locums we talk about — is them seeing those inequities within the system.

It also provides stability for Yukon government as far as financial expenditures go, because it has predictable payment. So, knowing that those are being negotiated by one party as opposed to by many parties, the medical association feels that this all helps the system, which in turn helps Yukoners accessing the system.

Hon. Ms. McPhee: I will have some questions about potential financial impacts and about locums in a few minutes, but I don't think anyone anticipates — I don't even — I don't think I'm hearing the member opposite say this, but no one anticipates that any of these amounts are going down, so while there might be an opportunity for equity, and we all hope there is, there will not likely be a reduction of cost for Yukon taxpayers. Let's be real about that.

I will have those questions in just a moment, if I could.

Could the member opposite tell us and Yukoners why this route, why a stand-alone bill like Bill No. 310, was chosen instead of amendments to existing legislation, in particular, the *Health Care Insurance Plan Act*, which was part of the discussions going forward?

Ms. White: The Yukon Medical Association felt that amendments to the *Health Care Insurance Plan Act* leave too much in the hands of government. No other medical association across the country has or leaves that much control in the hands of government. So, really, it was that cross-jurisdictional scan to see how it was captured, and the decision was that they wanted to make sure that they were in control and it wasn't someone else who could make regulatory changes on their behalf.

The suggested amendments that were shared with the Yukon NDP and the YMA didn't meet all of the features found in the stand-alone bill.

Hon. Ms. McPhee: Could the member opposite indicate if this particular bill or the first version of Bill No. 310 was modelled after other jurisdictions, and was a jurisdictional scan done by them or by the Yukon Medical Association in preparing Bill No. 310?

Ms. White: The minister is right. The first time we had a briefing with the minister and the Yukon Party, when we shared the first draft of the bill, it really did have different parts in it that were involved in that jurisdictional scan. It's important to note that, elsewhere in Canada, representational rights and recognition and dispute resolution are part of legislated structure. Where representational rights are not set out within legislation, they are set out in physician agreements within that jurisdiction.

So, for example, that initial one is not here, so I am not sure necessarily how super helpful it will be, but I can say that the initial definitions were similar to provisions in PEI and Nova Scotia. The continuation of existing body was in PEI, Nova

Scotia, Newfoundland, and New Brunswick. The objectives — PEI, Nova Scotia, Newfoundland, and New Brunswick.

Again, I can keep going through it, but based on the minister's feedback, there was a pivot, and so, it is not quite the same as what the jurisdictional scan included in that first draft. So, maybe if the minister has more direct questions or differences between the first and where we are now, I can answer those. But, yes, a jurisdictional scan was used initially. We went as far as the east coast and as close as Saskatchewan and Alberta when we were proposing what was included in that initial draft. Again, what we see on the table right now, Bill No. 310, looks quite a bit different from that first one.

Hon. Ms. McPhee: I am wondering if the member opposite could tell us what the consequential amendments resulting from Bill No. 310 will be if it should pass? If those were considered, what specific pieces of legislation will need to be changed?

Ms. White: We don't believe that further consequential amendments to other statutes are required. The *Health Care Insurance Plan Act* does not require subsequent amendments. The Yukon government already has the authority to enter into agreements with the YMA, and therefore, amendments are not necessary there.

The *Medical Profession Act* does not require consequential amendments, as the YMA is not involved in regulating the practice of medicine in the Yukon.

With respect to the *Public Service Labour Relations Act*, this legislation does not apply to licensed medical practitioners and therefore has no application.

With respect to the *Arbitration Act*, this legislation is not applicable. Rather, as proposed in the Yukon Medical Association bill, the arbitration process will be agreed upon by the YMA and the Yukon government in the memorandum of agreement, and where the parties cannot agree upon an arbitrator, the Supreme Court will appoint one.

The *Workers' Compensation Act* does not apply to the YMA member. With respect to the *Hospital Act*, the YMA is not engaged in the governance of the hospitals in the Yukon Territory, and therefore, it is not applicable.

Hon. Ms. McPhee: If consequential amendments to either the *Hospital Act* or the *Health Authority Act* or the HIPMA — information protection of health medical records act — have any of those acts been considered as potentially needing consequential amendments?

Ms. White: It is our belief that none are needed. We looked at them all; we appreciate the minister naming those as well. They were considered, and we don't believe that any consequential amendments are required.

Hon. Ms. McPhee: Is this Bill No. 310 in line with how other jurisdictions in Canada work? In particular, I would be interested in hearing about membership fees — I can ask later in this section — but membership fees in those jurisdictions. I think that it was in second reading that we heard a comment about "categories of membership" and how the fees would be different for different things. So, I don't know if the member opposite has information about that.

Ms. White: I'm just going to ask the minister for clarification: When she mentioned "fees", is she talking about amounts or class? Just looking for that — and I will also mention that the bill before us is absolutely in line with the rest of Canada — Canada's medical associations. That was part of our jurisdictional scan.

Hon. Ms. McPhee: No, not looking for amounts of fees from other jurisdictions. I'm wondering if the idea of how fees will be required of medical practitioners and whether that is in line with other places in Canada and how the decisions were made to write it the way it is in that section — or bill.

Ms. White: I'm not sure if I understood the minister's question, but everything is the same in this bill as for other medical associations in Canada, so that was part of their jurisdictional scan.

I'm not sure if the minister is mentioning, for example, in the Yukon Medical Association's bylaws where it talks about the classes of membership, so if she could just help me understand what — I think I'm just not understanding the question.

Hon. Ms. McPhee: I can come back to that one and maybe clarify it better.

Can the member opposite tell us if the financial impact on the Yukon Medical Association has been assessed for the impact of this new law — if that has been assessed on behalf of the medical association? Have they assessed what they believe the financial impact of this Bill No. 310, should it become law, will be on their organization?

Ms. White: So, I'll note that the commencement date, of course, is in the future, which gives the YMA additional time, but they have said that their finances are their own and that they're happy for me to pass on that the YMA has all the financial resources that it needs to make this bill successful.

Hon. Ms. McPhee: It's great to hear. I'm wondering if an assessment of the potential financial impact of passing Bill No. 310 has been done with respect to the impact on Yukon government, noting that this is taxpayers' money. With the opportunity for assessing the entirety of the impact of Bill No. 310, it's important for us to know if any assessment has been done regarding the financial impact on government and taxpayers.

Ms. White: Any kind of financial impact would be within the MOU contributions and would be minimal. As an example, right now, locums would be spending \$100 per registration per year, and this would be an agreed-upon reimbursement expense for locum support funds to the Yukon Medical Association.

I will also note that representational rights are currently held by medical associations across the country, and those governments continue on, and I imagine that we will follow suit. One last note is that the same allowable expenses dictated by allowable expenses — for example, from the locum support fund — again, this is a normal provision that has previously existed.

Hon. Ms. McPhee: The Yukon Medical Association reported having 101 full members in 2023, including 75 family doctors or primary care physicians. Of those 75, only 38 carried

a panel of patients to whom they provide longitudinal primary care. The remainder of the members provided a variety of essential health care services throughout the system. We have talked a little bit about that today.

Can the member opposite tell Yukoners how adoption of Bill No. 310 will impact on that situation, not just more doctors here but more who take panels of patients?

Ms. White: I believe that this is a matter for bargaining, and the issue of how we encourage doctors to take more patients is really going to be up for the Yukon government and the YMA to discuss. I don't believe that it is my place to speak to that matter, so I won't speculate.

Hon. Ms. McPhee: I shouldn't assume, but I will ask the member opposite if the opportunity for individual physicians to carry more of a patient panel and the increase in opportunities that would be for Yukoners — if the member opposite would agree that this is something that we are hoping to change as a result of improvements for Yukon Medical Association.

Ms. White: I believe that I share this with the Yukon Medical Association — that we are hoping to improve medical care for all Yukoners in this round of bargaining that the minister has mentioned.

The goal is, of course, for doctors to work in all sectors of health care. Personally, what I'm hoping for in trying to get representational rights, including arbitration and dispute resolution for the YMA, is less physician burnout, less physician attrition, and happier physicians so that they want to be here, they want to practise, and they're able to do more.

I think what we've seen is that this hasn't been the case, and so that is a shared goal, I hope, that I and others have around Bill No. 310.

Hon. Ms. McPhee: The Yukon Medical Association data shows that a high proportion — back in 2023, some 26 percent of their membership roster was over the age of 55 and nearing retirement. That shouldn't be a surprise to any of us. Over 55 is about the babyboomers aging — something that we saw coming for many, many years.

But in relation to that situation and that statistic — often noted by the Yukon Medical Association — how will Bill No. 310 becoming a law impact that challenge?

Ms. White: I think that the minister's example of 26 percent of membership being over 55 and nearing retirement is exactly part of the problem and what we're trying to do with this bill. So, we believe this bill will encourage more new doctors or physicians to come join us. It will help the existing physicians to work here for longer. We expect and we hope that locums will be better represented and that retiring physicians will feel optimistic to know that there is a unified voice to create parity and equity in payment models that will allow for physician representation for all health care sectors. Really, I appreciate the numbers that the minister used, and that is part of what the problem is. It's really about trying to lift the system.

Hon. Ms. McPhee: The Yukon Territory is also supported by locum physicians who provide periodic or occasional primary and specialized services. In 2024, we have heard many times quoted here in the House that the Yukon had 153 locum physicians visit, understanding, of course, that

locum physicians are physicians somewhere else, so they have family, friends, businesses, and houses in other places.

Could the member opposite indicate to Yukoners how locums will be impacted by the passing of Bill No. 310?

Ms. White: Just before I fully answer the full question that the minister asked, what I will say is that I had the experience of having a conversation with a locum doctor who was replacing my doctor. It wasn't that they had a home base anywhere; it's that they were travelling across the country to decide where they wanted to go. They said that they weren't going to stay here — that what they saw within the system with the inequities and the silos — it just wasn't some place that they wanted to stay. They also highlighted the patient loads. I appreciate the change now that we have hospitalists, but before when we didn't have hospitalists, it was even tougher.

So, I think it's important to note that not all locums are based or permanently based out of other places. In some cases, they are young or newer doctors and trying to decide where they want to go. With the bill, locums will gain more access to support, because they have an advocate here with the YMA. Instead of being vulnerable, they will have access to equality of representation and the YMA will be able to encourage more locums to stay on a permanent basis, because this bill offers things like stability, advocacy, and representation.

So, really, I think it's about the quality of support. Again, the ability to have that representation for that stability and that advocacy — I think it's really important. Again, not all locums are based in other places. In some cases, they haven't made that decision yet, and catching up to the rest of Canada is an opportunity for us to remove those inequities and to remove those silos and that fragmentation and really start to recruit some of those folks who have come up to visit us.

Hon. Ms. McPhee: Does the member opposite, with the implementation of Bill No. 310, expect that fees for locums to come and practise here will be increased?

Ms. White: So, that is very much an internal conversation with the YMA and their board. Again, the fees are set by that organization. They have just noted that, no, they are a not-for-profit, so they have no plans to increase those fees.

But again, it's not for me to speculate. It's the fact that they are a society and they have their own bylaws, and this is one of the reasons why we're going for this separate piece of legislation.

Hon. Ms. McPhee: I appreciate the answer, but the members here — we've heard that this has been brought forward by the Yukon Medical Association to a great extent, and as a result, the presenter of this legislation has the responsibility to make sure that they can answer the questions.

I appreciate that some bylaws for the YMA, of course, are future — but is it anticipated?

Let me ask the question this way: Do locums currently pay the same fees to the Yukon Medical Association to come here and practise as resident doctors do?

Ms. White: Madam Chair, I apologize. I have probably muddied the waters by referencing the bylaws in response to the first question that the minister asked. The YMA said no. They are a non-profit — no plans. This time, they said no —

there are different classes. They pay as non-residents. The Yukon Medical Association has non-resident memberships just like every other medical association has multiple classes of memberships.

Hon. Ms. McPhee: Since the member opposite noted patient loads, I am wondering if we could understand if Yukon — we will just talk about the 38 who have patient panels. Are their patient loads currently in line with the national average of patient loads for primary care physicians across Canada?

Ms. White: Really, it depends on the nature of the practice. This has nothing to do with representational rights, and I think that the really important thing is that there is quite a bit of difference that the minister has highlighted herself in the different roles that family physicians take on here.

For example, the current state of family physicians in the Yukon is one where they provide a much broader scope of services across many more disciplines and areas of the health care system than family physicians do across the provinces. So, this constrains the capacity for the current family physician workforce to expand the amount of additional primary care that they can provide, because the rest of the health care system requires them to also provide essential services elsewhere. So, I think what we are seeing is — kind of what the minister talked about — the fact that people are doing more things. Doctors in the Yukon, unlike in big cities, take on clinic fees and acute care, and many of the doctors who are unattached to a panel are working across other Yukon government clinics.

Hon. Ms. McPhee: I appreciate that it's not about representational rights, but the member opposite brought up patient panels as a reason that a locum wasn't staying, and I'm trying to determine whether it was that they were too high or too low. If people are being paid fee for service, then you don't want those patient panels to be too low. I certainly recognize — and we absolutely support — the wide variety of tasks that our local physicians take on, particularly those who sign up for clinics, acute care, and a variety of care outside of their regular patient panels. I am assuming from the answer that patient panels as a result of physicians doing a lot of other things tend to be lower than the national average of a primary care physician who is only doing primary care in other places, but I'm happy to be corrected if that is not correct.

Madam Chair, those are my questions for the member opposite. I do have questions when we get to line-by-line debate.

Mr. Cathers: I have just noted that someone had questions — that no, indeed, we had the opportunity to meet with the Yukon Medical Association on a number of occasions to discuss this and do not have any questions regarding this bill at the Committee stage.

Hon. Mr. Streicker: Madam Chair, I want to just begin by saying that I'm excited to have this piece of legislation in front of us. I appreciate the work that has gone into it by everyone here.

This principle that the Yukon Medical Association should have statutory rights, the rights to arbitration, and to determine membership — that is all great. I think we are moving in the right direction, so thank you to all who have been behind this.

One of the things that caught me a little bit off guard by the Member for Lake Laberge was when he talked about having met with the Yukon Medical Association last week. Of course, the Member for Takhini-Kopper King tabled the bill this Monday, so I sensed that there had been some changes to it. It's one of those things for us — I am just trying to catch up. I want to say thanks for those opportunities to speak with some of the YMA members. I have been really appreciating the dialogue back and forth here today both at second reading and in Committee of the Whole.

One of the places where I am going to start is around — when I first saw the bill — because it just keeps talking about medical professionals. I thought: Where is that? And then I went to the *Medical Profession Act* to try to figure out what that meant, and then that directed me to the *Health Care Insurance Plan Act*, and I kept trying to chase it down, but thanks to the doctors who told me that it means doctors. It doesn't mean, for example, nurses. Of course, we also think of nurses as professionals.

In the back-and-forth today both from the minister and the Member for Takhini-Kopper King, I heard some ideas of numbers. I heard that, a year or two ago, there were 101 full-time members. That sounds like what I heard when I talked with the doctors. Is there a sense of how many part-time members we have as locums? How big is the Yukon Medical Association? Let's just start there.

Ms. White: There are 123 members altogether; 99 are full-status members, and full-status members include full and part time and anyone — pardon me, there's a spelling mistake here that is befuddling; there we go — includes full and part time, and anyone accessing benefit funds from Yukon government are full-status members. Of the 123, some are retired and some are resident students.

Hon. Mr. Streicker: One of the things that I learned from talking with the doctors — I sort of had this way of thinking into my head that there were these doctors who were part of the YMA and doctors who weren't part — that the contract stuff was separate. But then from talking with them, I got a different picture where many doctors have both of those. I am just wondering if the member can share with us or with Yukoners how much of the profession of doctors is represented by the YMA. Even though we are talking about the contractors, it felt to me from my conversation with doctors that many of them were part of YMA, that they had these two sort of sides. That gave me more comfort, and I am just wondering if she can talk a bit about that in how they talked with the doctors about it.

Ms. White: So, only three doctors who were working in any capacity in the Yukon are not members, and all other doctors who are living and working in the territory are YMA members.

Hon. Mr. Streicker: That made a big difference for me. I didn't know the number three, but I understood it was a small number, and that really makes the difference.

So, let me just move to the line of questioning around these conversations that led to the act. So, can the member opposite

talk about the consultation that was had with YMA — like, just how that happened?

Then I'm going to ask afterward about whether there was an opportunity to talk to any of those few doctors who are not part of YMA but would become part of YMA or that YMA would have the responsibility to negotiate on their behalf.

So, let me start with the group of doctors and the letters and those sorts of things and just check in on how that dialogue went.

Ms. White: The dialogue has been internal with the Yukon Medical Association with the five motions that they have brought forward for representational rights — and yeah, I'll leave it there. So, the YMA has been doing it. They have been doing it for a large number of years, and really, this became a big topic of conversation in 2021.

Hon. Mr. Streicker: I think one of the important things that I learned that I'll just share is that many of those members of the YMA are the very members who have the contracts that now would come under this — be addressed by this piece of legislation. So, it would be YMA as a whole rather than contracts negotiated, but the group who isn't is these several doctors — three is what I heard. I'm just wondering whether the member opposite has had a chance to talk with them yet or whether she has had the ability to talk with YMA, who may have talked with them — just whether we've heard from them I guess is what I want to hear.

Ms. White: So, again, three doctors who are working in any capacity in the Yukon are not members of the Yukon Medical Association. Therefore, they're not involved in those conversations.

To be perfectly frank, at this point, I'm more interested in trying to get representational rights for the 123. So, no, I have not spoken to the three doctors directly, and that doesn't change my position today.

Hon. Mr. Streicker: It's great that we have this broad body and that they are coming forward, but I do think that they are affected — these three members — because when this act comes through, it will now be these folks one day who will be negotiating on their behalf too. So, it is, I think, worth it to hear from them.

Let me pose a question this way: There has been dialogue with one YMA to date. You know, I didn't expect that we need to go off and talk with the general public, but is there consultation that will be needed to happen following this? Of course, there is the work that is going on right now between the government and YMA — the negotiation that is underway — but in terms of engagement and consultation, is there more to come, and does the member opposite think that we should check in with those three — not whether or not we pass this but to bring them into the dialogue?

Ms. White: I find this a little bit challenging. The Minister of Community Services closed down four rural transfer stations. He is saying that based on the minister before him, which is the current minister asking me questions. We have lots of discussions around extended producer responsibility where not everybody has wanted to sign on, but we made the decision that it made sense collectively. So, I'm

just going to reflect back and I'm going to say that collectively this makes sense. Every doctor who has chosen to move to the Yukon is affected — they're affected — and any other place, any other jurisdiction in Canada, they would have to be part of the medical association; it would not be optional. Consultation will be at meetings of the Yukon Medical Association, and these three doctors are always welcome to join those.

I will note the fact that we are having a conversation and that the minister is referring to three doctors, and I can refer to four communities and businesses and we make a decision for the collective. So, here I am advocating for the collective.

Hon. Mr. Streicker: And me too. I'm not disagreeing with the member opposite; I'm just talking about whether we were checking — and honestly, when I reached out to some doctors and asked the question, I really didn't know that it was just three. I was nervous that it was like this 50/50 model, and then I was going to be pretty nervous about it. So, I was really quite pleased to see that it was relatively a few number of folks. I think it's always good to have those dialogues. Again, I am not talking about whether that needs to happen before we take this decision. I think that the weight of the intent here is strong.

Can I just talk about the locums for a second? My understanding of locums is that we are going to have some groups who are doctors who visit regularly, because they have a speciality practice, and then we are going to have some who come up occasionally. My question is whether those locums who are here on a more regular basis — whether they have that voice at the table of YMA, if and when we pass this bill, to have those statutory rights and the membership rights. I am just wondering if the member can speak to that, please.

Ms. White: I am just asking for clarification. Was it whether a locum came just one time or locums who were here at multiple times, whether they had those representational rights?

Some Hon. Member: (Inaudible)

Ms. White: Yes, they would.

Hon. Mr. Streicker: I just want to shift to a couple more pieces about the dialogue. Can the member just paint the picture for us a bit about how the engagement went on the drafting part of this, how she worked with YMA around the drafting back and forth? I know that she has given some of those remarks earlier, probably at second reading and in Committee of the Whole, but I just want to get that sense from her about how that went during the drafting process.

Ms. White: I think that there were a lot of different steps. I highlighted before — for example, I read from the Joint Management Committee from October 2023, I believe, about how there was discussion about it. I read out an e-mail that was sent just after the deputy minister of health changes happened, and that was from 2024. The point is, with that, the YMA had passed five motions ahead of time, since 2021, about representational rights.

Where it started with me is when they came in to meet me on February 10. I said: What is the problem? They said: We have been struggling to do this; we think that this would be a path forward. I said: Well, I have this opportunity under the confidence and supply agreement. There's a commitment that I

can get to third reading. I can't say what's going to happen at third reading, but there's a commitment to get me there. And I said: Well, let's give this a try.

The YMA had previously, I believe, checked with — pardon me. I'm just going through my notes.

After they met with me on February 10, they asked a policy analyst what was needed. They were told by that policy analyst that the Yukon government could provide guidance. So, at that point, with the help of the YMA legal representative — our own drafter — we did the cross-jurisdictional scan that came up with that first draft. It was important to know that the first draft was recognized as being very rough.

When we had the briefing, at that point in time, the Yukon Medical Association and I said we were very open to changes. It's important to note that the Minister of Health and Social Services has been heavily involved in every step and meeting since that point. I know that I can say that I met with the YMA. I know that the minister and I have met with the YMA. I know that the YMA has met independently with the Yukon Party, not particularly around the same meetings that the minister and I had but separately and independent of us. It has been a process.

They're just letting me know right now that in 2022, they were refused representational rights in their MOU and that they were told that it was due to the statute of limitations. So, what I've tried really hard to do — and I've tried to do this across the thing — is that I may be standing here — and I really wish that Ron was sitting in the Member for Lake Laberge's seat so he could whisper in my ear and I didn't have to do it through the screen — but the reality is that we wouldn't be here at all if there hadn't been a willingness from the Minister of Health and Social Services and there hadn't been a willingness from the Yukon Party to have these discussions. Because ultimately, on our own, we could have gotten to this point and there wouldn't necessarily have been a path forward.

So, we took a lot of the suggestions that were made — virtually all of the changes, to be honest. What was tabled — that final Bill No. 310 that was tabled — does reflect a lot of those ideas.

It went from just the YMA initially on their own. There were lots of suggested changes. There were lots of conversations. There were lots of things to get us here, so that is why we are here now with Bill No. 310 as we see it — including the French version that I got this morning at the time I needed to get it to the Clerk by.

Hon. Mr. Streicker: I just want to say thank you to the member opposite for the Q&A today and to those folks who are helping in the background.

Again, we believe in this direction. We just want to make sure that — if it were government bringing a bill forward, we would need to talk about consultation. It is one of those steps that is always a requirement on our side. I am just wanting to get it out there. I want to help Yukoners understand the stuff that I learned from talking with doctors and I'm trying to give that opportunity.

I really appreciate it and I look forward to further debate.

Hon. Mr. Pillai: I have a few things I want to cover. I want to go back to just one specific technical piece that was just mentioned.

I know that part of the obligation inside the Legislative Assembly is that we have a French and English language version of the bills. I think there was some more very quick work done, so I just want to get a sense from the member opposite. I know that there is a review being done, and there might be some work to be done as well on the French version. I just want to get clarification about the translation around that. Was it the legal team that is covered to do that work that completed it? Was it a drafter? I don't think so — but it wasn't an automated process to get that French language process completed.

Ms. White: I thank the Premier for that. The reality is that it is not AI and it is certainly not my 1995 French immersion high school French, so don't worry about that.

The reality is that I did reach out to the CASA secretariat and asked if we could get support to get it translated by the Department of Justice. We were told that our drafter had been chosen because she was bilingual. Our drafter submitted the French version that we have before us.

My 1995 French immersion has gone through it; it looks good to me. But in that same breath, we did ask; we were told that we had a drafter, so we leaned into that drafter, because we were told by the CASA secretariat that this was the reason why she was chosen — that she is bilingual, so she could do both the English and French translations for us.

Hon. Mr. Pillai: Yes, and I believe, just in that case, that it was that there could be potentially resources provided. It was at a very late notice, of course — I think yesterday — that it was requested. I think the only challenge was to reprofile and to reprioritize work that was being done — that's it. So, I know that there are some things that are important to all members of the House and all parties right now that are being worked on. I believe that these were some of the key pieces that were mentioned. Thank you very much for that.

We as a government told the YMA that we would support this concept. I just want to check: Was that transferred to the member to let her know that, when she was working with them on the bill, that we supported this?

Ms. White: I think that this is actually harder to answer than that, because I would expect that the meetings that I have had with the YMA — with just me — that they wouldn't necessarily repeat everything that I have said to either the minister of health or to the Yukon Party. I imagine similarly that when we each meet with people, there is an expectation of discretion. I can say that I have been involved with meetings with the YMA and the minister. I can honestly say that, as late as Friday, I wasn't 100-percent sure, because I knew that some of the recommendations that the minister had made were not going to be accepted by the YMA, and I didn't know at that point.

I can say that we have requested from the CASA secretariat whether or not it would be supported, and we never got verbal confirmation. I have been going off of hope that we would get

confirmation, so I have been delivering it in an optimistic way, but to this point, I am still a little bit unsure.

Hon. Mr. Pillai: I thank the member for that answer. Could you speak a bit about the work that the Minister of Health and Social Services, the Cabinet Office staff, and the public servants did to help get this legislation to the point where it is today?

Ms. White: I'm just going to get started and I'm going to see what comes from my offices.

The reality is that, if it hadn't been my strong desire to try to get this passed by getting support from at least one party in the Assembly, I would have just blasted forward with what the YMA had developed on their own despite the concerns that were highlighted by the minister.

I appreciate that the minister put together a team. I appreciate those things. I don't know the time. You, in conversation, have told me that the minister spent 30 hours working on this, so I guess I could take it there.

The reality is that my intention is to try to get it to go. So, those meetings with the minister and the teams that she had and the suggestions that she made — when they were accepted by the YMA, we tried to incorporate them. We took a lot of the advice. We removed the extra things that had been highlighted, and we didn't accept some of those suggestions, and that has again been at the direction of the YMA.

Chair's statement

Chair: Just a reminder to the members to direct their remarks through the Chair.

Hon. Mr. Pillai: Thank you for that answer. Can we just highlight — and I apologize if there is any duplication in this question — what were the elements that were not accepted to be put into the legislation that were put forward by the minister, and why were they not felt to be appropriate by the YMA?

Ms. White: Madam Chair, I apologize for not directing my comments toward you, and I will do a better job of that.

I think that it is going to be challenging to go back to all of the communication that I have had with the minister only because one of the versions was all red with crossed-out — when there were tracked changes. I think that one of the desired outcomes was for us to amend — I'm sorry; I'm going to get it wrong, so let me just make sure I get it right.

I guess the challenge is that it is a seven-page e-mail, and I am happy to read it in if the Premier would like, but I think one of the big challenges — and I apologize, because it is somewhere here. But the desire to amend the *Health Care Insurance Plan Act* was one that the YMA chose not to go. They felt that wouldn't give them the regulatory power on their own. That was one that they full stop said no to.

If the minister would like me to go through the seven pages of what was liked or not liked about the initial one, I can do that.

Hon. Mr. Pillai: I think that there were a few things there. There were comments that there was extensive communication between the minister and the member — and I appreciate that it has been put on the floor. There were a number

of items that were put together. I believe that the minister has just mentioned that, with the tracked changes in the document, there was also a memo that was attached to the same e-mail to clarify the changes. The memo might be available, which would be able to be reviewed. I am just wondering, because I think that most of the suggestions were integrated into the legislation other than just one or two things.

So, just hoping — and we can come back to that; it doesn't have to be right now. We can come back to that item.

Also, just to clarify — a very unusual move here in the House. The Member for Lake Laberge is providing a couple of advisory comments. So, can we just find, just for the House — also, the second question is not just what has been removed, but since the Member for Lake Laberge is providing a bit of counselling in answering the questions, just a last note — we just got the final version of the bill. Was the bill shared with the Member for Lake Laberge previously?

Ms. White: I appreciate that the Member for Lake Laberge remembered the legislation whose name still escapes me; I will now wait for the office to tell me. I believe it is something to do with insured health. There is something so interesting here, and I'm going to point this out again, because we have talked about this, but I think that the only person who actually has any idea how this works is the Member for Whitehorse Centre and, of course, you, as the Member for Vuntut Gwitchin, and myself who, as opposition members, have moved legislation. Unfortunately, we don't have officials sitting next to us — ever — and when we don't have officials, it means either we have the information in front of us or we have people supporting us from the office. I'm going to say that the radio has been very bad right now, which has not been handy.

So, the health care insurance plan is what I was trying to find before, which is what I was told by the Member for Lake Laberge. I think the challenge — one of the challenges that I have is that the Liberals have been government since 2021, and the —

Some Hon. Member: (Inaudible)

Ms. White: Pardon me — oh, it's probably wishful thinking on my part — 2016. Since 2021, the YMA has been moving motions for — to have this, like, ability for collective representation. Admittedly, it's true; we made lots of changes in large hopes because I didn't know how the Yukon Party would go until today when they said that they would support the legislation. The reality is that, as the Third Party, we needed someone to support it, and I appreciated the guidance from the minister and the entire department, because I don't have access to that. And I appreciate that it has been a big and extensive thing — I absolutely do. Again, this is something that I think we have all worked on, because unfortunately, it wasn't tabled by the government this time around. And it means that it wasn't going to be this time around, and that becomes a problem.

So, I appreciate the support. If the minister is asking that I give full credit to the Minister of Health and Social Services, I will give a lot of credit, for sure. I have the document with tracked changes, but the reality is that's not the bill that I tabled.

The bill that I tabled is different from the one with the tracked changes, so I am going to rest on that.

It has been an exciting afternoon, Madam Chair, and seeing the time, I move that you report progress.

Chair: It has been moved by the Member for Takhini-Kopper King that the Chair report progress.

Motion agreed to

Hon. Mr. Streicker: I move that the Speaker do now resume the Chair.

Chair: It has been moved by the Member for Mount Lorne-Southern Lakes that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

Chair's report

Ms. Blake: Mr. Speaker, Committee of the Whole has considered Bill No. 310, *Act Respecting the Yukon Medical Association*, and directed me to report progress.

Speaker: You have heard the report from the Chair of Committee of the Whole.

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Hon. Mr. Streicker: Mr. Speaker, I move that the House do now adjourn.

Speaker: It has been moved by the Government House Leader that the House do now adjourn.

Motion agreed to

Speaker: This House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:26 p.m.

The following sessional papers were tabled April 2, 2025:

35-1-195

2024 *Annual Report – Yukon Ombudsman, Yukon Information and Privacy Commissioner, Yukon Public Interest Disclosure Commissioner* (Speaker Harper)

35-1-196

Bill No. 46, *Residential Tenancies Act*, reprinted with amendment (Mostyn)

35-1-197

Bill No. 310, *Act Respecting the Yukon Medical Association*, English and French text (White)